



www.WelderInstitute.com



WELDER TRAINING AND TESTING INSTITUTE

729 E. HIGHLAND ST. • ALLENTOWN, PA 18109 • TEL 610-437-9720 • FAX 610-820-0271

PLEASE PRINT CLEARLY. Complete all sections I, II, III, IV and V (there are two sides to this application) then sign and date the application. A completed application DOES NOT signify acceptance by WTTI.

I. PERSONAL INFORMATION:

Full Name: _____
(last) (first) (middle initial)

Permanent Address: _____
(street) (apt. #)

(city) (state) (zip code)

Home Phone: () - Cellular Phone: () -

Email Address: _____

Date of Birth: ____ / ____ / 19 ____

Are you a U.S. Citizen? Yes No Social Security No: ____ - ____ - ____

Drivers License No. (and State): _____

Marital Status: Single Married Divorced Separated Number of Dependents: _____

(Please provide parent/guardian information if you are 23 years of age or under and unmarried.)

Name of Parent or Guardian: _____
(last) (first) (middle initial)

Permanent Address: _____
(street) (apt. #) (city, state) (zip code)

Home Phone: () -

Emergency Contact Person: _____ and Phone: () -

Please tell of any physical condition(s) that may affect welding ability*: _____

Have you ever been convicted of a felony? Yes No

* This information will remain private and will not be used to determine acceptance.

II. GENERAL INFORMATION:

How did you hear about WTTI? Employer WTTI Graduate/Student Newspaper
 Family/Friend Career Fair Agency Internet
 School Phonebook TV

Do you know what course your are interested in? If so, which one? _____

What date do you plan to start class? _____

Do you plan to attend... Full-time: 6 hrs./day Part-time: 4.5 hrs./day 3 hrs./day

What time of day would you like to attend class? Morning: Afternoon: Evening:
 8:00 am 12:30 pm 4:00 pm
 10:00 am 2:30 pm 6:00 pm

Remember to complete the reverse side!!! Flip Over

III. EMPLOYMENT INFORMATION:

I am currently employed: Full-time Part-time Unemployed

Name your two most recent employers:

Current Employer: _____ Position: _____ from: _____ to: _____
(month/year) (month/year)

Previous Employer: _____ Position: _____ from: _____ to: _____
(month/year) (month/year)

IV. EDUCATIONAL BACKGROUND:

| | Graduated? | Date Last Attended? |
|--|--|--------------------------------------|
| #1- High School: _____ Address: _____ <small>(street) (city, state)</small> | <input type="checkbox"/> yes <input type="checkbox"/> no | _____ <small>(month/year)</small> |
| #2- Other (GED): _____ Address: _____ <small>(street) (city, state)</small> | <input type="checkbox"/> yes <input type="checkbox"/> no | _____ <small>(month/year)</small> |
| #3- Trade School: _____ Address: _____ <small>(street) (city, state)</small> | <input type="checkbox"/> yes <input type="checkbox"/> no | _____ <small>(month/year)</small> |
| #4- College: _____ Address: _____ <small>(street) (city, state)</small> | <input type="checkbox"/> yes <input type="checkbox"/> no | _____ <small>(month/year)</small> |

V. FINANCIAL AID INFORMATION:

Do you plan to apply for student financial aid? yes no

Are you a U.S. Veteran? yes no if yes, which branch of service? _____

When were you active duty? from: _____ to: _____
(month/year) (month/year)

Have you ever participated in the G.I. Bill ? yes no

What is your V.A. Service No.? _____

Check the box if you previously applied for/or are receiving any financial aid from the following sources?

Student Loan Federal Grant (Pell) SEOG PIC WIA OVR TAA VA Benefits

Applicant's Signature: _____ **Date:** / /

For Official Use – please do not write below this point

Program: _____ Registration fee paid on: _____
 Documentation of High School Diploma (or GED)– received on: _____ Class Hours: _____
 Financial Aid Transcript– sent on: _____ received on: _____ Start date: _____
 Student Accepted: Yes No explanation: _____