

**Postsecondary Application
for Admission**

Education That Pays

Date of Application: ___/___/___

Applicant Information				
Last Name:		First:		Middle:
Previous Name (if any):				
Social Security Number:			State of Permanent Residence:	
Street Address:				Apartment/Unit #:
City:		State:	ZIP:	County:
Home Phone:		Cell Phone:	Work Phone:	
Email Address:				
What factors contributed to your decision to apply to the Adult & Continuing Education Center? (Check all that are applicable)				
<input type="checkbox"/> Family/Friends	<input type="checkbox"/> Current YCST Student	<input type="checkbox"/> YCST Alumni	<input type="checkbox"/> Career Fair	<input type="checkbox"/> Advertisement
<input type="checkbox"/> Guidance Counselor	<input type="checkbox"/> Tour of Facility	<input type="checkbox"/> Meeting with YCST Rep	<input type="checkbox"/> Word of Mouth	<input type="checkbox"/> Other: _____

Program Selection & Eligibility				
Program Selection: _____			Preferred Start Date: _____	
Applying As:	<input type="checkbox"/> New Student	<input type="checkbox"/> Returning Student	<input type="checkbox"/> Transfer Student	
Have you previously applied for admission to the YCST?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	If yes, what program?: _____	
Did you graduate from the YCST as a secondary student?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	If yes, what year did you graduate?: _____	

Education Information				
<u>Type of Institution</u>	<u>Name and Location of School</u>	<u>Start Date</u>	<u>End Date</u>	<u>Credentials Earned</u>
High School		__/____	__/____	
Second High School or Vocational-Technical School		__/____	__/____	
College or University		__/____	__/____	
		__/____	__/____	
Business or Trade School		__/____	__/____	
Other Specialized Training		__/____	__/____	

Employment Information				
<u>Start Date</u>	<u>End Date</u>	<u>Employer Name</u>	<u>Title of Position</u>	<u>City and State</u>

Please turn form over and complete both sides

Financial Information

Will you be requesting Financial Aid to cover your program costs?

Yes

No

In order to be considered for Federal Financial Aid, including grants and loans, you must complete the Free Application for Federal Student Aid (FAFSA) - Available at www.fafsa.ed.gov. **The YCST's Federal Title IV Code is 016526.**

PLEASE NOTE: When completing your FAFSA in preparation to attend the YCST, you should indicate that you are working on a certificate or diploma program of less than 2 years, and that your Grade Level is 1st year Undergraduate.

Will you receive benefits for educational costs from any of the following agencies?:

Office of Vocational Rehabilitation (OVR)

Veteran's Benefits (eligible programs only)

Workforce Investment Act / Career Track (WIA)

Scholarship: _____

Trade Adjustment Assistance (TAA)

Other: _____

Please contact the YCST Office of Financial Aid at (717) 464-7050 with questions regarding financial aid.

NOTICE

There may be program specific requirements in addition to those outlined on this application. Any such requirements must be completed prior to your application being processed. YCST staff will notify you of any additional requirements at the time the application is submitted.

Signature and Certification

I hereby authorize the YCST or its agents to verify all statements contained in this application to the extent permitted by federal, state or local law. I release all parties from any liability arising out of this provision and the use of such information. I certify that all the information contained in this application is true and correct to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of information on this form relating to my application for admission to the YCST may result in denial of my admission or, if enrolled, my immediate dismissal. I understand that this application is valid for one calendar year after the date paid, and that if I do not enroll within one year of completing this application I will be required to submit a new application and supporting documents. I also understand that this application will not be processed until I submit the non-refundable \$25 application fee using credit card, cashier's check, money order, or personal check. I further understand that program specific requirements, if applicable, must be completed before the YCST will process my application.

Signature of Applicant: _____

Date: ____/____/____

The York County School of Technology is an equal opportunity institution and will not discriminate on the basis of race, color, national origin, sex, handicap or age in its activities, programs or employment practices in accordance with federal and state statutes and regulations. For more information regarding civil rights, grievance procedures, services, activities, and facilities that are accessible to and usable by handicapped persons, contact the Director of Student Services, who is the YCST Title IX and Section 504 Coordinator, at 2179 S. Queen Street, York, PA 17402, by phone 717-741-0820 Ext. 5108 or by email to gmentz@ytech.edu.

The YCST is accredited for public postsecondary education under the authority of the Pennsylvania State Board for Vocational Education, under the Pennsylvania Department of Education located at 333 Market Street, Harrisburg, PA 17126, (717) 783-6860.