



Application Process

Information Session:

Attendance at an information session is a prerequisite to acceptance into EHOVE Adult Career Center Occupational Programs. These sessions will address questions and concerns related to courses and application procedures. There is no charge for these sessions; however, you must register with the Adult Education Office at ext. 280 to schedule your session. Please see the enclosed sheet for dates and times.

Career Testing: \$81.00

Career Testing is required of all applicants. Please see the enclosed sheet for details. Call extension 280 to schedule your Career Testing. The testing fee must be paid at the time of registering.

Application & Fee: \$25.00

Please mail your application and fee to the following address:
EHOVE Adult Career Center
ATTN: Professional Business Specialist Program
316 West Mason Road
Milan, OH 44846
Application fee is non-refundable.

School Records:

Send the enclosed form "Request for Student Records" to the high school from which you graduated, or are now attending. If you received a GED, please bring the original scoring sheet to the Adult Education Office at EHOVE to be copied.

Financial Aid:

Please call extension 363 to schedule an appointment with our Financial Aid Department.

Acceptance:

After all of the above requirements have been completed and necessary career testing scores have been met, you will be notified by letter of acceptance.



PROFESSIONAL BUSINESS SPECIALIST PROGRAM

APPLICATION FORM Application Fee: \$25.00

Date: _____

Date of Birth: _____ Soc. Security # _____ -- _____ -- _____

Name: _____
Last First Middle/Maiden

Home Address: _____
Street

_____ City State Zip

Phone: _____ Email: _____

Did you graduate from high school? Yes No

If no, do you have a G.E.D. Certificate? Yes No

Have you ever attended classes at EHOVE? Yes No

Do you have any formal education beyond high school? Yes No

If yes,
1. _____
Name of School Dates Attended

_____ Course of Study

2. _____
Name of School Dates Attended

_____ Course of Study

Present Occupation: _____

Employer: _____

Employer's Address: _____

Street

City

State

Zip

Do you have any condition(s), which limit your ability to perform the duties of the

Professional Business Specialist Program?

Yes No

If yes, please explain:

What are your plans for financing this education?

- Payment In-Full
- Payment Plan
- Loans/Grants

I understand that applying for admission to the EHOVE Adult Career Center Professional Business Specialist Program places neither the school nor I under any obligation in regards to my admission. I understand that the Business Services Department will notify me regarding my acceptance.

I certify that all statements made on this application are true. I understand that all information will be held in confidence.

Signature of Applicant

Date



Professional Business Specialist Program

REQUEST FOR STUDENT RECORDS

(Please fill out and mail or drop off to your high school.)

TO: _____
Name of School Attended

School Address

City State Zip

Please send a transcript of my school records and a copy of this request form to:

**EHOVE Adult Career Center
Professional Business Specialist Program
316 W. Mason Road
Milan, OH 44846**

Print Name While In School Current Last Name

Date Last Attended Birth Date

Soc. Security Number

If there is a transcript fee, please bill me.

If applicant is under the age of 18, a parent or guardian's signature is needed to acknowledge this request.

Applicant Signature

Address City State Zip

Parent/Guardian's Signature if under age 18

316 W. Mason Road, Milan, OH 44846 419-499-4663 ext. 280 Fax 419-499-5391