



151 Fountain NE, ATC-212 Grand Rapids, MI 49503-3263 Phone 616-234-2206 Fax 616-234-3533 apprenticereg@grcc.edu

GRCC-Michigan Apprenticeship Program Plus (MAP+) Application Form

Today's Date	Type of Apprentice Student	<input type="checkbox"/> New <input type="checkbox"/> Returning	<input type="checkbox"/> Fall 20 _____ <input type="checkbox"/> Winter 20 _____ <input type="checkbox"/> Summer 20 _____	Student Number
--------------	----------------------------	--------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------	----------------

Last Name	First Name	M.I.
-----------	------------	------

Social Security Number	Date of Birth Month/Day/Year	Gender
------------------------	------------------------------	--------

Predominant Ethnic Background (used for reporting purposes only)				
<input type="checkbox"/> African-American	<input type="checkbox"/> Asian	<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> White/ Non-Hispanic	<input type="checkbox"/> Veteran
<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Certified American Indian/Alaskan Native (<i>tribal card</i>)		<input type="checkbox"/> Non-Veteran	
Do you identify as having a Disability <input type="checkbox"/> Yes <input type="checkbox"/> No				

Home Address:

Number	Street Name	Apartment Number
City	State	Zip Code

Home Phone (with area code)	Email Address	School District Residency Code (school District you live in)
-----------------------------	---------------	--------------------------------------------------------------

Employer

Work Phone (with area code)

School District Residency Codes					
BC	Byron Center	GR	Grand Rapids	RF	Rockford
CA	Caledonia	GV	Grandville	SP	Sparta
CP	Cedar Springs	KV	Kelloggsville	TK	Thornapple-Kellogg
RG	Comstock Park	KH	Kenowa Hills	WY	Wyoming
EG	East Grand Rapids	KC	Kent City	IS	Out of District Resident
FH	Forest Hills	KW	Kentwood	OS	Out of State Resident
GL	Godfrey Lee	LW	Lowell		
GH	Godwin Heights	NV	Northview		

I certify the information on this registration form is true.
Signature _____
Plan code will be changed to indicate an Apprenticeship. Contact apprenticereg@grcc.edu or call (616) 234-2206 with questions.

Who Should Receive Tuition Bill?
<input type="checkbox"/> Employer <input type="checkbox"/> Apprentice
* \$2,700 is paid per apprentice; any additional tuition is the responsibility of the employer or the apprentice.

Course Number	Course Title	Semester i.e. Winter 2019	Course Code	Credits	Day(s)	Time	Room

Grand Rapids Community College Apprenticeship Office, Applied Technology Center, Room 212, 143 Bostwick Avenue, NE, Grand Rapids, MI 49503-3295 *Phone: (616) 234-2122 *Fax: (616) 234-3533 *www.grcc.edu

This workforce product was funded by a grant awarded by the U.S. Department of Labor's Employment and Training Administration. The product was created by the recipient and does not necessarily reflect the official position of the U.S. Department of Labor. The Department of Labor makes no guarantees, warranties, or assurances of any kind, express or implied, with respect to such information, including any information on linked sites and including, but not limited to, accuracy of the information or its completeness, timeliness, usefulness, adequacy, continued availability, or ownership. This product is copyrighted by the institution that created it. Grand Rapids Community College and MAP+ is an equal opportunity employer/ program provider. Auxiliary aids and services are available upon request to individuals with disabilities. TTY users please call 1-800-482-3604 or visit www.michigan.gov/mdcr.