

BUCKEYE HILLS *Adult* CAREER CENTER

351 Buckeye Hills Road

Rio Grande OH 45674

(740) 245-5334

Dear Applicant,

Thank you for your interest you have expressed in the Medical Office Program offered here at Buckeye Hills Career Center. The program consists of 600 Hours.

Qualification for the program is based on the following criteria:

- 1) Completed Application Form
- 2) Payment of \$50 Registration Fee
- 3) Provide proof of high school diploma or GED
- 4) Picture ID
- 5) Returned Reference forms-complete front and ask 3 individuals to complete back side
- 6) WorkKeys Testing
- 7) Arrange for tuition payment and/or have financial aid plan in place

The Medical Office Program is tentatively scheduled to begin August 21, 2017 and continue through March 2018. Calendar will be available at a later date and time. All students are required to take the WorkKeys test. It will last approximately three hours. There is Key-Train tutoring available through Buckeye Hills Adult Learning Center. One of the many topics the Program offers is Test Preparation. The Adult Learning Center is at no cost to the student. Also, Ohio Means Jobs has a link to a practice test that has been included with the Adult Learning Center brochure. Please complete the Application and WorkKeys registration form and return with the \$50 registration fee to reserve your seat for testing.

The tuition for the 600 hour course is \$4,500, which includes Background check and Drug Screen.

If you have any questions, please feel free to call the Adult Office at (740)245-5334, Ext. 330 or Financial Aid at Ext. 323.

We look forward to working with you.

Sincerely,

Adult Education Admissions

Materials and Resources are not included in Tuition however, in a few programs, for your convenience these have been made available in one inclusive cost. Ask for a breakdown if you would like them separated with the option of paying tuition while purchasing materials/resources yourself.

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2017-2018

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Rio Grande OH 45674

(740) 245-5334

Application for Admission to (Program) _____ Course Hours _____

Name: (Last) _____ (First) _____ (Middle Int.) _____ (Maiden) _____

Mailing Address _____

SSN _____ E-Mail (for school use only) _____

(Cell) _____ Cell Provider(ATT, Verizon..) _____ Alt. Phone _____

In case of emergency, notify (Name) _____

(Relationship) _____ (Phone Number) _____

Your Age _____ Birth Date _____ Place of Birth _____ Sex: Male _____ Female _____

Ethnic Group: White _____ Black _____ Native American _____ Other _____

Are You a Veteran? Yes _____ No _____

Highest Degree Obtained: Below High School _____ High School _____ GED _____ Assoc. _____ Baccalaureate _____

Year Graduated from High School _____ OR Year Received GED _____

Name of High School _____ State location of High School _____

How will you be paying for this class? Self-pay _____ Financial Aid _____ Employer _____ Agency _____ Other _____

Have you ever defaulted (failed to pay) on a student loan? No _____ Yes _____

Any reason why you cannot participate in all course activities? No _____ Yes _____

How did you hear about this course? _____

Are you a Certified Nursing Assistant? (CNA) _____

Current Employment Status: Full-time _____ Part-time _____ Unemployed _____

If you are employed, where are you working? _____

Signature _____ Date _____

It is the policy of the Gallia-Jackson-Vinton Joint Vocational School District that educational programs and other activities be conducted in adherence to Title VI of the Civil Rights Act of 1964, Title IX of the Educational Amendments of 1972, and Section 504 of the Rehabilitation Act of 1973 in assuring non-discrimination with regard to race, color, national origin, sex, and disability.

WORK KEYS PREPARATION

Test Preparation for Work Keys is available through the Buckeye Hills Adult Resource Center (see brochure for schedule)

Another test preparation option is through Ohio Means Jobs website; the link below will connect to Work Keys practice tests.

<https://jobseeker.ohiomeansjobs.monster.com/Assessments/Home.aspx>

**GALLIA-JACKSON-VINTON JVSD
BUCKEYE HILLS CAREER CENTER
ADULT HEALTH CAREER PROGRAMS
P. O. BOX 157
RIO GRANDE, OHIO 45674**

Applicants are selected on a nondiscriminatory basis.

Name: _____
Last First Middle Maiden

Home Address: _____
(Street or RFD)

_____ City State Zip County

Month I attended Orientation/Testing: _____

The applicant named above is a candidate for admission to _____
(program)
at Buckeye Hills Career Center, P.O. Box 157; Rio Grande, Ohio 45674.

In compliance with federal regulations a student, who has completed the admission process to this program is entitled to inspect this evaluation in his or her file, unless the student has signed a waiver of this right of access. However, the School does not require a waiver as a condition for admission to or receipt of any other services or benefits from the School. Applicants submitting names of individuals for letters of recommendation, therefore, are free to determine whether or not they wish to waive their potential right to examine such evaluations.

In compliance with federal regulations, the Family Educational Rights and Privacy Act permits us to request, but not require, that you waive your right to inspect this evaluation. The right, which we request that you waive, would arise if you have completed the admission process at this school. In considering whether you will waive, please be advised that the information contained on this form will be used to evaluate you as an applicant for admission to this School of Nursing. If you elect to waive your rights of access to and review of this information, please sign your name.

Date

Applicant's Signature

PLEASE RETURN THIS FORM PROMPTLY TO:

**BUCKEYE HILLS CAREER CENTER
ADULT HEALTH CAREERS
P. O. BOX 157
RIO GRANDE, OHIO 45674**

(Please complete questions on reverse side.)

How long have you known this applicant? _____

In what capacity?

Give three (3) examples of the applicant's good qualities.

1)

2)

3)

What is your knowledge of the applicant's ability to work with others? Give two (2) examples.

1)

2)

Can you identify any problem(s) this applicant might have that would make him/her a poor choice for working in a health care setting?

Additional comments:

If the applicant's signature appears at the end of the paragraph identified as "WAIVER" on the first page of this form, you can be assured that your evaluation will not be reviewed by the applicant. If the applicant has not signed the waiver and completes the admission process at this school, then the applicant, if so requested, will have the right to review your evaluation.

Date _____

Signature _____

Position _____

Address _____

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Date _____

Signature _____

Position _____

Address _____

Financial Aid Instructions

Students seeking financial aid must apply for the FAFSA on the internet. Please use the following instructions to do so.

If this is your first time applying for financial aid on the internet, you must go to www.fafsa.ed.gov and apply for a FSA ID. If the student is a dependent student (one who is required to use a parent's income information), the parent must also apply for a FSA ID. This ID is exclusive to you, so write it down as you will need it to file future FAFSA, get loans, and other information.

Next, on the same website, use the ID you were issued and complete the 2017-2018 FAFSA. If you are given the option of transferring your (and your parent's if you are a dependent student) income tax information from the IRS website, do so. This will save time on both the student's and school's part if your application is flagged for verification. **BHCC school code is 014071.** This must be used on your FAFSA for it to come to the Financial Aid Department at Buckeye Hills.

Lastly, sign the FAFSA electronically with the FSA ID you were issued. Within 48 hours, the Financial Aid Department will receive the results from your FAFSA. The student must contact the school for these results. It is the student's responsibility to follow up with the school as to award amounts. **In order to allow the Financial Aid Department sufficient time to process award amounts, the student must have a FAFSA on file and sent to the school by August 1, 2017.**

If you have any questions, the Financial Aid Department's contact is 740-245-5334 ext. 323 or harveyr@buckeyehills.net.

