



NHLA APPLICATION

10 Eleventh Street ~ Elkins, WV 26241 ~ (304) 637-7500 ~ FAX: (304) 637-4912
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Office Use Only
CLASS # _____
STUDENT s# _____

NAME: _____ DATE OF BIRTH: _____
FIRST (GIVEN) MIDDLE FAMILY (SURNAME)

WHAT NAME DO YOU PREFER TO BE CALLED? _____ SOCIAL SECURITY #: _____

STREET ADDRESS: _____

CITY: _____ STATE/PROV. _____ ZIP/POSTAL CODE: _____

COUNTRY OF BIRTH: _____ COUNTRY OF CITIZENSHIP: _____

PHONE: _____ EMAIL: _____

MALE FEMALE MARRIED SINGLE AGE: _____ MILITARY VETERAN STUDENT YES NO

MARK HIGHEST GRADE ATTENDED: GRADE SCHOOL _____ HIGH SCHOOL: (9) (10) (11) (12) COLLEGE: (1) (2) (3) (4)

MUST HAVE HIGH SCHOOL DIPLOMA OR EQUIVALENT

ACTIVITIES/HOBBIES: _____

PHYSICAL DISABILITIES OR LIMITATIONS: _____

ARE YOU CURRENTLY EMPLOYED? YES NO IF YES, NAME & ADDRESS OF EMPLOYER, CONTACT PERSON AND PHONE NUMBER:

PREVIOUS INDUSTRY EXPERIENCE: _____

WHAT IS YOUR PRIMARY LANGUAGE? _____ DO YOU READ, WRITE & SPEAK ENGLISH? YES NO

***** IN ORDER FOR YOU TO BENEFIT FROM INSTRUCTION YOU MUST BE ABLE TO CONVERSE FLUENTLY IN ENGLISH. *****

PREFERRED DATE OF CLASS: _____

I agree to be bound by the rules and regulations established for the orderly conduct of the School and to insure the rights and dignity of fellow students. I understand that no credit towards completion of the course will be awarded for previous training. I have read, understand and agree to be governed by the School's policy concerning tuition refund in the event of failure to start or to complete the course. I understand that this application will become a part of my permanent record and may be used as a source of information for employment references. No person shall be denied enrollment in this course on the basis of gender, religion, beliefs, national origin, ethnic group or disabling condition.

SIGNATURE OF APPLICANT: _____ DATE: _____

TUITION FOR THE 14-WEEK SCHOOL IN WV IS \$2200.

\$100 NON-REFUNDABLE DEPOSIT IN U.S. FUNDS MUST ACCOMPANY APPLICATION

PAYMENT METHOD


 
 
 

Credit Card Number: _____ Expiration Date: _____

Name on Card: _____

Signature: _____ Date: _____

DO NOT WRITE IN THIS SPACE