



# ADVANCED TRAINING

## Student Information

Name	_____	Rank/Rate	_____
Permanent Address	_____	SS#	_____
City / State / Zip	_____	Date of Birth	_____
Mailing Address	_____	Home #	_____
City / State / Zip	_____	Cell #	_____
Email Address	_____	Work #	_____

## Background Information

Current Grade Level (Circle One)	High School Senior College Freshman	College Sophomore College Junior	College Senior Graduate Student
High School Grad Date	_____		
College / University Attended	_____	College Grad Date	_____
Work Experience (as related to training)	_____		

## Course Information

Course Name	_____	Course Date	_____
How did you hear of us?	_____		_____

## Scholarship Information

Brief Explanation of why you are seeking a partial or full scholarship. (You may be asked for documentation.)

Registered Course Tuition \_\_\_\_\_  
Scholarship Amount \_\_\_\_\_

Give scholarship application to the course instructor or fax to 619-596-4526. You will receive a call back within 24 hours. The ATA scholarship program is our way to say thank you to our service men and women for the sacrifices that they make at home and abroad.

May God bless you and keep you safe on your noble journey.

Student Signature	_____	Date	_____
Instructor Signature	_____	Date	_____