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**MiTC Application Form**

**Application is for:**

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| --- | --- | --- |
| *Name of person authorized to enter school data:* | *Authorizer Title:* | |
|  |  |  |
| *Authorizer Phone Number:* | *Authorizer E-Mail Address:* | |
|  |  |  |

***I authorize the above individual to enter and update information about programs of my school:***

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| *School Name:* | |  | | | | | |
| *Street Address:* | |  | | | | | |
| *City:* | |  | | *State:* |  | *Zip:* |  |
| *County:* | |  | | *Website:* | | | |
|  | | | | | | | |
| *Mailing Address (if different):* | | |  | | | | |
| *City:* |  | | | *State:* |  | *Zip:* |  |

|  |  |  |
| --- | --- | --- |
| *President/CEO Name:* | *Phone Number w/Ext:* | *E-mail Address:* |
|  |  |  |

**Type of Organization:**

**Eligibility:**

1. Is your institution covered by Title IV of the Higher Education Act, and thereby able to accept Pell Grants?

  

1. Is your institution included on the Veteran’s Affairs Web Enabled Approval Management System (WEAMS), and thereby authorized to accept the GI Bill?

  

1. Does your institution provide apprenticeship training registered with the U.S. Department of Labor Office of Apprenticeship?

  

1. Has your institution fulfilled the terms of a training contract with a Michigan Works! Agency?

  

1. Is your school listed on any other state’s eligible training provider list? If Yes, What State?

  

1. Does your school offer on-line training?

  

1. Are you licensed in the State of Michigan to provide occupational training? If Yes, *Permanent I.D. #:*

  

1. Are you willing to consent to an audit of data, including performance outcomes provided to the MiTC?   

**Please save and email completed form to:** [**mitc@michigan.gov**](mailto:mitc@michigan.gov) **.**