

Your Information (Please Print)

Last Name:		First Name:		M:
Address: (P.O. Box must be accompanied by a street address)			City:	
			State:	ZIP:
Are you a veteran of the U.S. Armed Forces?: <input type="radio"/> Yes <input type="radio"/> No (If Yes, please provide a copy of your DD214.)				
Social Security Number:		Date of Birth:		Email:
Home Phone Number: (xxx-xxx-xxxx)			Alternative Phone Number:	
Institution you will attend for 2020-21:		YTI Career Institute – York campus		
Street Address:		City: York		
1405 Williams Road		State: PA		ZIP: 17402
Program of study (corresponding Classification of Instructional Program (CIP) codes begin on <u>Page 3</u>). Please list both the CIP code and the corresponding description:				Estimated date program of study begins:
51.0601 Dental Assisting				
What is your enrollment Status?: <input type="radio"/> Full-Time <input type="radio"/> Half-Time <input type="radio"/> Other:				

By signing this application, I/we authorize PHEAA to make public announcement of any PA-TIP award or rejection of PA-TIP award made to the applicant, and to forward to the institution which the applicant listed (or subsequently indicates that the applicant may attend) all information on any application and all information subsequently submitted to or acquired by PHEAA. I/We also authorize PHEAA, the Pennsylvania Department of Labor and Industry (L&I), and the Pennsylvania Department of Education (PDE) to share information in their respective possession among each other regarding this application and any other information related to the applicant's participation in PA-TIP, regardless of whether such information is the applicant's non-public personally identifiable/confidential information (including, without limitation, PA-TIP award, PA-TIP rejection, information related to the applicant's progress, completion and/or non-completion of the PA-TIP program of study, and post-school separation employment information). I/We declare under penalty of the criminal laws of the Commonwealth of Pennsylvania the application has been examined by me/us and to the best of my knowledge and belief, is a true, correct and complete application (see 24 P.S. § 5158.1 and 18 Pa.C.S.A. § 4904). I/we agree the awarding of PA-TIP awards is based on various factors including available resources and I/we may or may not receive a PA-TIP award regardless of eligibility for a PA-TIP award.

Signature of Applicant:	Date Signed:
Parent or Legal Guardian Signature: (Required only if the applicant is less than 18 years of age)	Date Signed: