[](http://www.phlebotomyink.com/default.html)

**Instructions for Applying for Enrollment**

Have you applied for the scholarship?

**(You are NOT required to apply for the scholarship)**

If you have not applied for the scholarship, please submit a contact form at [www.phlebotomyink.com](http://www.phlebotomyink.com) with your name and email address on the form to receive the scholarship application by email. If approved for the scholarship, you will receive an Approval Letter by email with instructions for registration.

Registrations are by appointment ONLY, call or email the office to make an appointment. **NO WALK-IN REGISTRATIONS WILL BE ACCEPTED**

**All documents listed below must be submitted at the time of Registration:**

**Application (p 1-4) High School Diploma, GED, or Unofficial College Transcript**

**Approval Letter 1st part or Full Tuition Fee Photo Identification**

**(Payment in the form of Cash, Check, Cashier’s Check or Money Order ONLY)**

**IF YOUR CHECK IS RETURN, YOU WILL BE CHARGED A $50 RETURN FEE**

**Page 2 of 4**

**Application for Enrollment**

**Course you are enrolling in Today’s Date**

**(Part 1)**

**Applicant information**

Student’s FULL Legal name:

(First) (Middle) (Last)

Home Address:City:State:Zip:

Gender:Race:Birthdate:Social Security:

Driver license# & state:Active phone# :() **-**

Alternate phone# :() **-** Email:

Check if your mailing address is the **SAME** as your Home address

Mailing Address:City:State:Zip:

Emergency contact 1:Relationship:

Phone# :( **) -** Emergency contact 2:

Relationship:Phone# :**( ) -**

**(Part 2)**

**A. Education**

High school Attended

Street Address

City State Zip

Date Attended G.E.D. Date

**B. College or University**

Name Date Degree

Name Date Degree

Name Date Degree

**Page 3 of 4**

**(Part 3)**

**A. Work Experience**

Please List any prior experience related to the course that you are enrolling in.

**1.** Facility

Address City, State, Zip

Position Start/End Date

Supervisor Telephone

**2.** Facility

Address City, State, Zip

Position Start/End Date

Supervisor Telephone

**(Part 4)**

**Tell me more about yourself**

List any Medical Alerts or Allergies

Is English your first language?  Do you speak other languages?

Which other languages?

Are you a US Citizen?

If not, what is your Citizenship?

**Page 4 of 4**

**As a student of Phlebotomy Ink I agree to abide by the rules that Phlebotomy Ink has set. In addition I understand that Phlebotomy Ink is a Training facility and is NOT responsible for providing me with employment or GUARANTEE me employment.**

**Initial here stating that you understand the statement above**

Ihereby state that **ALL** of the information above that

(Print name)

I provided is true.

(Signature and today’s date)

**Reviewed by**

Executive Director/Owner

**Please print all 4 pages of this application and bring it along with the other documents listed on page 1 with you for registration.**

***Phlebotomy Ink Training and Staffing Agency LLC***

***1512 Center point Pkwy Suite 201***

***Birmingham, AL 35215***

***Phone-205-582-9075 Fax-205-582-9079***

[***www.phlebotomyink.com***](http://www.phlebotomyink.com) ***phlebotomyink@gmail.com***