



Apprenticeship / Craft Training Application for Admission

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Full Legal Name _____ Date _____

Social Security # _____ Name you go by _____

Home Address _____
Street City State Zip

Cell Phone _____ Date of Birth _____

Email Address _____

Location of class - *pick one*

☐ **Tulsa/Broken Arrow**
1915 N. Yellowood Ave., Broken Arrow

☐ **Oklahoma City**
505 NE 46th Street, Oklahoma City

Status ☐ New Enrollee ☐ Continuing Student - Year of School ☐ 2nd ☐ 3rd ☐ 4th

Trade ☐ Electrical ☐ Plumbing

Emergency Contact _____
Last First Relationship

Street City State Zip

Phone Number _____

Have you ever applied to the ABC of Oklahoma Apprenticeship/Craft Training Program before? ☐ Yes ☐ No

Have you ever attended the ABC of Oklahoma Apprenticeship/Craft Training Program before? ☐ Yes ☐ No

Will you be applying for credit for previous training or experience? ☐ Yes ☐ No

If yes, documentation is required. Attach previous NCCER transcripts.

Notice Of Nondiscriminatory Policy As To Students

The Associated Builders and Contractors of Oklahoma Apprenticeship school admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis or race, color, national and ethnic origin in administration of its educational policies, admissions policies, and other school-administered programs.

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Are you employed? ☐ Yes - fill out this form ☐ No

Are you unemployed and seeking employment? ☐ Yes ☐ No
If Yes, fill out the **Unemployed Student Notice Form**

Has your employer agreed to pay for the Apprenticeship Classes? ☐ Yes ☐ No
If No - fill out the **Fee Schedule Form**

Student Name

Employer

Employer Contact

Street

City

State

Zip

Phone Number

Employer Email

REQUIRED SIGNATURE *(All Applicants)* BY MY SIGNATURE BELOW, I:

1. Understand that withholding information requested or giving false information may make me ineligible for admission to, or continuation in, ABC of Oklahoma Apprenticeship / Craft Training Program.
2. Authorize any previous training programs I have attended to furnish enrollment, grade, attendance and/or transcript information as may be requested by ABC of Oklahoma. ABC of Oklahoma is authorized to provide ABC of Oklahoma enrollment, grades, attendance or transcript information as requested by another apprenticeship program.
3. Understand grades and attendance will be reported quarterly to my training sponsor.
4. Agree to fulfill all financial obligations to the institution which I incur.
5. Agree to adhere to all ABC of Oklahoma Apprenticeship/Craft Training Program Rules and Policies.

Student

Signature _____

Date _____

Employer

Signature _____

Date _____

Return Applications to: ABC of Oklahoma
1915 North Yellowwood Ave.
Broken Arrow, OK 74012

Questions: Contact Becky Taylor, Vice President |
Education at btaylor@abcokla.org or (918) 254-8707.
More info can be found at www.abcokla.org.



Apprenticeship / Craft Training Unemployed Student Notice

Please Print

Are you employed? ☐ Yes (skip this form) ☐ No (fill out this form)

I am enrolled in the ABC of Oklahoma Apprenticeship / Craft Training Program and available for employment.
Please send my information to Contractors. *This information will be sent out ONCE per form completed.*

Name

Your contact information you want sent out (phone and/or email)

Craft ☐ Electrical ☐ Plumbing

Year of School ☐ 1st ☐ 2nd ☐ 3rd ☐ 4th



Apprenticeship / Craft Training Fee Schedule

Please Print

Has your employer agreed to pay for your school?

☐ Yes (your employer needs to sign this form) ☐ No (you fill out this form)

Tuition is \$1,550.00 per year if paid by an ABC Member Firm. Tuition is \$2,050.00 per year if paid by an individual or Non-ABC Member Firm. Payment is billed and due at the beginning of each quarter. Payment for books are due at the beginning of the first quarter. The fee schedule is below:

ABC Member - \$387.50 per quarter
1st Year Books - \$195.00

Non-ABC Member - \$512.50 per quarter
2nd, 3rd or 4th Year Books - \$150.00

Student Name

Responsible Party (Person or Name & Company if employed)

Address

City, State Zip

Phone & Email

Signature

By my Signature, I agree to fulfill all financial obligations which this student incurs