

Student Application for MarketableYou.org-Computer Lab

This application must be filled out completely and **returned in person** to MarketableYou.org at 601 East Ocean Ave., Suite 18, Lompoc, Ca. 93436.

Contact Information – Please print

First and Last Name	
Street Address	
City, State, Zip Code	
Home Phone	
Work Phone	
E-Mail Address	
Primary Language	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other (Specify) _____

Please select the time slot(s) you would like to be in the lab.

- Mornings 10:00 – 12:00 Monday
- Mornings 10:00 – 12:00 Tuesday
- Mornings 10:00 – 12:00 Wednesday
- Mornings 10:00 – 12:00 Thursday
- Mornings 10:00 – 12:00 Friday
- Evenings 6:00 – 8:00 Monday
- Evenings 6:00 – 8:00 Tuesday
- Evenings 6:00 – 8:00 Wednesday
- Evenings 6:00 – 8:00 Thursday

Your \$35.00 refundable deposit is due on your first day of class. If you are in good standing, have called in when you are sick, have done your volunteer time, and following all rules your deposit will be refunded in 90 days from your start day.

Basic Math Books and GED books must also be paid for on the first day of class.

Interests

Check all that apply

- | | | |
|---|--|---|
| <input type="checkbox"/> Microsoft Word | <input type="checkbox"/> Photographic Principles | <input type="checkbox"/> English as a Second Language |
| <input type="checkbox"/> Microsoft Excel | <input type="checkbox"/> Videography | <input type="checkbox"/> Spanish as a Second Language |
| <input type="checkbox"/> Microsoft PowerPoint | <input type="checkbox"/> Animation | <input type="checkbox"/> Basic Math |
| <input type="checkbox"/> Dreamweaver | <input type="checkbox"/> After Effects | <input type="checkbox"/> GED Peroration |
| <input type="checkbox"/> InDesign | <input type="checkbox"/> Sound booth | Other: Please Specify Below |
| <input type="checkbox"/> Illustrator | <input type="checkbox"/> Business Management | |
| <input type="checkbox"/> QuickBooks | <input type="checkbox"/> HTML coding | |
| <input type="checkbox"/> Photoshop | <input type="checkbox"/> Basic Computer Skills | |

Special Needs

Please list if you have special needs, such as wheelchair access, or have hearing or sight special needs.

Previous Education

Summarize your highest level of education.

Person to Notify in Case of Emergency

Name	
Street Address	
City, State, Zip Code	
Home Phone	
Work Phone	
E-Mail Address	

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a Student, any false statements, omissions, failure to follow the rules or other misrepresentations made by me on this application may result in my inability to use the computer lab.

I further agree to perform one hour of volunteer time for MarketableYou.org in exchange for ten hours in the computer training lab. I understand that failure to meet that obligation will mean I am no longer be able to use the lab.

Full Name (printed)	
Signature	
Date	

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for your interest in studying with us.