

Application for Admission

Cambria-Rowe **Business College** *INDIANA* *CAMPUS*

422 South 13 Street • Indiana, Pennsylvania 15701 • (724) 463-0222

PLEASE PRINT:

I have read the current Cambria-Rowe Business College Catalog and hereby make application for admission for the quarter beginning _____, 20_____

I am applying for acceptance in the Program checked below: (CHECK ONLY ONE)

DEGREE PROGRAMS – ASSOCIATE IN SPECIALIZED BUSINESS DEGREE

- | | |
|--|--|
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Medical Office Administration |
| <input type="checkbox"/> Management | <input type="checkbox"/> Administrative Assistant |
| <input type="checkbox"/> Business Administration | <input type="checkbox"/> Computer Support Specialist |

DIPLOMA PROGRAMS

- Medical Secretarial Secretarial Accounting

Personal Information

Last Name _____ First Name _____ Middle Initial _____

Home Address _____
(Number and Street)

City _____ State _____ Zip Code _____

Home Telephone (_____) _____ E-mail _____
(Area Code)

Age _____ Date of Birth _____ Social Security No. _____
(Month, Day, Year)

Parent/Guardian or Spouse _____
(Name) _____ *(Address)*

Are you a resident of Pennsylvania? _____
Citizen of the U.S.A.? _____

Are you attending as a Veteran? _____
Do you have VA forms? _____

High School Attended _____ (Name of High School) _____ (City) _____ Year Graduated _____
or GED _____

Have you ever attended Cambria-Rowe before? Yes No

College Attended (if any) _____ (Official Transcript must be submitted) _____ (Name of College) _____ City _____ State _____
Year(s) Attended _____

How do you plan to make tuition payments? (Please check)

- | | |
|--|--|
| <input type="checkbox"/> Cash by the Quarter | <input type="checkbox"/> Pell Grant |
| <input type="checkbox"/> Stafford Loan Program/PLUS Loan | <input type="checkbox"/> PHEAA Grant Program |
| <input type="checkbox"/> OVR Program | <input type="checkbox"/> _____ |

What influenced you to make application for admission to Cambria-Rowe Business College? (Please check)

- | | |
|---|--|
| <input type="checkbox"/> 1 General Reputation of the School | <input type="checkbox"/> 10 Yellow Pages |
| <input type="checkbox"/> 2 Recommended by a Friend | <input type="checkbox"/> 11 CRBC Viewbook |
| <input type="checkbox"/> 3 Recommended by a CRBC Graduate | <input type="checkbox"/> 12 Representative from CRBC |
| <input type="checkbox"/> 4 Recommended by a CRBC Student | <input type="checkbox"/> 13 High School Guidance Counselor |
| <input type="checkbox"/> 5 Direct Mail (received letters from school) | <input type="checkbox"/> 14 High School Teacher |
| <input type="checkbox"/> 6 Radio Advertising | <input type="checkbox"/> 15 Members of Family Attended |
| <input type="checkbox"/> 7 Newspaper Advertising | <input type="checkbox"/> 16 Other (be specific) _____ |
| <input type="checkbox"/> 8 Internet | |
| <input type="checkbox"/> 9 Television | |

Application Statement

It is my understanding that I will be considered for acceptance as a student at Cambria-Rowe Business College by the Admissions Committee. This Committee will carefully consider the Transcript of my high school record and the results of my entrance exam; and if they indicate that I am capable of pursuing higher education goals successfully, and classes are not filled at the time I submit this Application for Admission, I can expect to be accepted.

I further understand that I shall be required to abide by the rules and regulations of the School, as defined in the *Annual Catalog* and the *Student Handbook*. I plan to pay tuition, fees, and other charges as stated in the current *Catalog* of Cambria Rowe Business College.

I hereby give consent to allow my picture, as taken by or for the School, to be reproduced for publicity or promotional purposes.

SIGNATURE _____ Date _____
(Applicant)

SIGNATURE _____ Date _____
(Parent or Guardian) Parent's signature required for applicants under 18 years of age.

The Application Fee of \$15.00 must accompany this Application. If you mail in this Application, please enclose a check or money order made payable to Cambria-Rowe Business College and send it to the Admissions Office. The application fee will be refunded if the applicant is denied admission to the college or requests a refund within seven days of receipt of the application fee. Cambria-Rowe Business College reserves the right to accept or reject any applicant.

THIS APPLICATION IS NOT A CONTRACT
(Do not write below this line)

Application fee _____

Transcript requested _____

Transcript received _____

Acceptance sent _____

Status _____

Office Use Only

Accepted _____ Date _____

Rejected _____ Date _____

Test Score _____ Date _____