

**APPLICATION FOR APPROVAL OF EDUCATIONAL AND TRAINING  
PROGRAMS FOR VETERANS' EDUCATIONAL ASSISTANCE, UNDER THE PROVISIONS  
OF SECTION 1776, TITLE 38, UNITED STATES CODE (USC)**

The Workforce Training and Education Coordinating Board has been legally designated to serve as the state agency responsible for the approval of educational and training programs under the provision of the various veterans' educational assistance acts.

This application should be as complete as possible. References to pages in the school catalog or other official publications may constitute responses. If space is inadequate or an item is not fully described in the catalog or brochure, please use separate sheets.

NAME OF SCHOOL \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

PHYSICAL ADDRESS (IF DIFFERENT) \_\_\_\_\_

CITY \_\_\_\_\_ COUNTY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

TELEPHONE (\_\_\_\_) \_\_\_\_\_ FAX # (\_\_\_\_) \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_ WEBSITE \_\_\_\_\_

FEDERAL TAX NUMBER \_\_\_\_\_

1. How long have you operated (enrolled students) as a school or institution? \_\_\_\_\_
2. Is your school accredited? If so, by which organization? \_\_\_\_\_
3. Is a license or approval from any other federal, state, or municipal agency required for the operation of your institution?  \*YES  NO

**\*If YES, please indicate:**

a. Type of License \_\_\_\_\_

b. Licensing Agency \_\_\_\_\_

c. Licensing Agency's Contact Number \_\_\_\_\_

4. School resources:

a. Number of buildings: \_\_\_\_\_

b. Space in buildings (square feet): \_\_\_\_\_

c. Own building(s)  YES  NO

d. Rent building(s)  YES  NO

e. If rented, term of lease \_\_\_\_\_

f. Please explain to what extent your facility is handicapped accessible.

g. Floor area used for instruction (square feet)

(1) Shop \_\_\_\_\_

(2) Classroom \_\_\_\_\_

(3) Laboratory \_\_\_\_\_

h. Number of rooms used

(1) Shop \_\_\_\_\_

(2) Classroom \_\_\_\_\_

(3) Laboratory \_\_\_\_\_

i. Library facilities

(1) Approximate number of books \_\_\_\_\_

(2) Annual expenditure for books/periodicals \_\_\_\_\_

(3) Professional periodicals regularly received \_\_\_\_\_

j. Does the school comply with all local, city, county, municipal, State, and Federal regulations, such as fire codes, building codes, and sanitation codes?  YES  NO

k. Have any school owners, officers, principle stockholders, administrators, directors, or instructors ever:

(1) Been involved in bankruptcy?  YES  NO

(2) Been involved in a school or business closure?  YES  NO

(3) Been convicted of violating any law other than minor traffic offences?  YES  NO

(4) Been dismissed for immoral or unprofessional conduct?  YES  NO

(5) Had a license revoked in this or any other state?  YES  NO

If so, please indicate the name of the individual, and the specifics of the case including: date, place, nature of the violation, disposition of the case, and other pertinent information:

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5. Will tuition, fees, and charges be the same for veterans and non-veterans?  YES  NO

6. Institutes Mission or Guidance plan:

**I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.**

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**Printed Name of Administrative Official**

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**Signature of Administrative Official**

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**Date**