



P.O. Box 49 • 103 South 3rd • LaBelle, Missouri 63447
Phone (660)213-3221 Fax (660) 213-3223

TRAINING FACILITY SITE VISIT FORM

(To be completed by a training facility official)

Gamm, Incorporated awards funding to eligible participants upon the successful completion of each term. The information provided from this form will be utilized to create a Grant Agreement form.

Student _____ Student ID # _____

Training Program _____

Expected Award Certificate Associates Degree Other Degree _____
(List)

Training Institution _____

Address _____

Tuition costs (excluding books, uniforms, supplies, or other fees) for each of the terms of the program described above:

Term Information: (fall/winter/spring/summer)

_____	Term	_____	Start Date	_____	End Date	\$ _____	Tuition
_____	Term	_____	Start Date	_____	End Date	\$ _____	Tuition
_____	Term	_____	Start Date	_____	End Date	\$ _____	Tuition
_____	Term	_____	Start Date	_____	End Date	\$ _____	Tuition

Has the student completed all pre-requisite classes for the program? Yes ___ No ___

Has the student received an official letter of acceptance into the program? Yes ___ No ___

Anticipated completion/graduation date ____/____
(mo / yr)

Print Name of School Official _____

Title _____

Telephone _____ Ext. _____ Date ____/____/____

Fax _____ email _____

Please check best way to contact you? phone ___ email ___ fax ___ list other _____

Signature of School Official _____