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Advanced Manufacturing Institute San Diego (AMI-SD)

Powered by the Grande Foundation, Est. 2014 9429 Abraham Way, Santee, CA 92071 (619) 443-3997 | advancedmfginstitutesd.com

APPLICATION FOR PROGRAM ENROLLMENT

Disclosure

This form is used to: (1) assess a candidate's interests and needs, (2) determine qualifications, (3) identify available programs, and (4) ensure proper placement. After submission, AMI-SD will review your information and contact you for an interview.

Which program are you seeking?	Manufacturing Academy	Apprenticeship	_
Name and Contact Information			
Full name:	Address:		
SSN (last four digits only)	Phone:	Email:	
Are you a U.S. citizen or authorized to v	Yes □	No □	
Do you have a state-issued ID or driver	Yes □	No □	
Current employment status:	Employed part-time \Box	Employed full-time □	Unemployed
Have you graduated from high school of	Yes □	No □	
Do you have internet access, computer	Yes □	No □	
Can you perform the following tasks for Walk and balance using legs Reach and hold items with your arr Stand for extended periods Carry up to 30 lbs. Adjust focus by changing eyesight	ns and hands	Yes 🗆	No □
Are you currently a resident of San Dieg Are you committed to in-person training	Yes □ Yes □	No □ No □	
Highest Level of Education: Name & City of School	□High School □GED □College	•	
Program Interest: Please respond brief	ly to each using a few sentences:		
Describe yourself, including strength	ns and background.		

Do you have relevant exp	erience in advance	ed manufacturing?				
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						_
What do you hope to gain	from this training	program?				
Demographic Data Sheet (Optional) Check o	or circle answers				
Answers will not impact eligi			ely for data collecti	on and notential	grant funding nurnose	s
r troword will not impact origi	omity for the program	T But Will Bo dood ool	ory for data concoti	on and potential	grant fariality purpose	J.
1. Gender						
2. Ethnicity – <i>Please mark</i>	all that apply					
□ Native American/America		ative/First Nation	☐ Asian	□ Black / Afr	ican American	
☐ Hispanic / Latinx ☐	⊒ Middle Eastern / N	North African ☐ Na	ative Hawaiian / Pa	cific Islander	☐ White	
☐ Bi-racial / multi-racial ☐	☐ None applies to m	ie. I identify as		☐ Prefer not	to answer	
Which San Diego Count	ty zin code do vou r	asida in?				
5. Willer San Diego Court	y zip code do you re					
4. Are you a veteran of the	U.S. Military? Ye	es □ No □ (Bran	nch:)		
Dy authoritting this applica	tian was anno tas					
By submitting this applica This is not a guarantee of ac					Yes □ No □	
The information I have given						
Providing false information o			•			
PLEASE READ THE FOLL	OWING AND SIGN	BELOW:				
I authorize the investigation			•	•		
Grande Foundation d.b.a. Additionally Lo		•	•		•	
information. Additionally, I aç Grande Foundation d.b.a. Tl		•	• •	•	•	
funding for my training in the		•	•		• • •	
Signatura		Date				
Signature:		Date:				