



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 on a fiscal year basis beginning on July 1 and ending on June 30. Therefore, the tuition information requested should only reflect that time frame. Prior to July 1 of each year, a new form must be completed for the succeeding year.

Please forward an official transcript or any assessment information along with this 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 the program described above for terms beginning July 1 through June 30:

Term Information:
fall / winter / spring / summer

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___
If no, anticipated acceptance date ___/___/___ Anticipated completion/graduation date ___/___
(mo / yr)

Signature of School Official _____

Title _____

Telephone _____ Ext. _____ Date ___ / ___ / ___

Fax _____ email _____

Please check best way to contact you? phone___ email___ fax___ list other_____