VIRGINIA CAREER WORKS

NEW RIVER | MOUNT ROGERS REGION

Training Provider Application

1. Name of Training Organization			2. Federal Tax ID#
3. Mailing Address	4. City	5. State	6. Zip
7. Physical Address	8. City	9. State	10. Zip
11. Name & Title of Contact Person:			
12. Email Address of Contact Person:	13. Phone Number of Contact Person:		
14. Mailing Address of Contact Person (if different from above)			
15. Year Established	16. Website Address:		
17. Type of Entity Other, not listed Other (please Describe) _____			
18. Does your organization provide job search assistance or placement services? ☐ Yes ☐ No (if yes, please describe)			
19. What types of financial aid are available to students?			
20. Does your organization have a tuition refund policy? ☐ Yes ☐ No (if yes, please attach the policy including time frames and percentage of reimbursement)			
21. Name of Financial Aid Contact Person	22. Email Address of Financial Aid Contact Person		