

## Vasco Career College

1227 Hilltop Mall Rd Richmond, CA 94806  
OFFICE PHONE#: 510-243-7400, FAX#: 510-243-7411

www.vascocc.com

### APPLICATION FOR ADMISSION

#### Nursing Assistant Training Program

Period Covered By The Enrollment Agreement \_\_\_ / \_\_\_ / \_\_\_ to \_\_\_ / \_\_\_ / \_\_\_

#### **STUDENT INFORMATION**

NAME (Last, First, MI): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE #: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

SOCIAL SECURITY# \_\_\_\_\_ CDL#: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ EMAIL: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_ TELEPHONE#: \_\_\_\_\_

HOW DID YOU HEAR ABOUT US: \_\_\_\_\_

#### **PROGRAM INFORMATION**

DATE OF ADMISSION: \_\_\_ / \_\_\_ / \_\_\_ PROGRAM/COURSE: \_\_\_\_\_

PROGRAM START DATE: \_\_\_ / \_\_\_ / \_\_\_ ANTICIPATED END DATE: \_\_\_ / \_\_\_ / \_\_\_

FULL-TIME:  PART-TIME:  DAY:  EVENING:

DAYS/EVENINGS CLASS MEETS (circle) M T W Th F Sat

TIME OF D/E CLASS BEGINS: \_\_\_\_\_ TIME OF D/E CLASS ENDS: \_\_\_\_\_

NUMBER OF DAYS \_\_\_/WKS: \_\_\_ TOTAL CREDIT/CLOCKHOURS 160

#### **NOTICE**

#### **STUDENT ELIGIBILITY REQUIREMENTS:**

<u>ELIGIBILITY REQUIREMENTS</u>	<u>RECORD ON FILE Y/N</u>	<u>VCC STAFF INITIAL &amp; DATE</u>
Applicant Must be 18 years or older		
Completed Application		
Must have a Social Security Number		
Drivers License/ State I.D		
Copy of High School Diploma/ GED/ Equivalent		
Health Assessment "IMMUNIZATION"		
TB Skin Test		
Current CPR Certificate (American Heart Association)		
Drug Screening		
Current Fingerprint		

**TUITION**

Tuition (included lab supplies, clinical, equipment)	\$1375.00
STRF (Students are Obligated, Non-Refundable)	\$ 0.00
REGISTRATION FEE: (Non-Refundable)	\$ 175.00
<b>TOTAL PAID TO SCHOOL:</b>	<b><u>\$1500.00</u></b>

**OTHER EXPENSES OUT OF POCKET (APPROXIMATE):**

CPR/BLS:	\$ 65.00
Textbook	\$ 45.00
UNIFORM (REQUIRED)	\$ 45.00
State License	\$ 100.00
LiveScan	\$ 75.00
Drug screen	\$ 80.00
<b>TOTAL OUT OF POCKET</b>	<b><u>\$ 365.00</u></b>

YOU ARE RESPONSIBLE FOR THE OUT OF POCKET AMOUNT. THE SCHOOL DOES NOT PROVIDE FINANCIAL AID. IF YOU OBTAIN A STUDENT LOAN, YOU ARE RESPONSIBLE FOR REPAYING THE LOAN AMOUNT PLUS ANY INTEREST LESS THE AMOUNT OF ANY REFUND.

**Class Schedule – TBD**

The program requires 60 hours of classroom instructions and 100 clinical hours  
Total clock hours 160. These are not transferable credits.

**SCHEDULE OF PAYMENTS: Accept Cash, Money Order, Check, Visa, and MasterCard**

**PAYMENT IN FULL:** **\$1500.00**

**4 INSTALLMENT PAYMENTS**

1 <sup>st</sup> installment:	\$ 375.00	Due Date: <b><i>Before 1st day of class!!!</i></b>
2nd Installment:	\$ 375.00	Due Date: <u>TBD</u>
3 <sup>rd</sup> Installment:	\$ 375.00	Due Date: <u>TBD</u>
Last Installment:	\$ 375.00	Due Date: <b><i>Before last day of class!!!</i></b>

**Requirement of Completion:**

Students are required to successfully complete the didactic 60 hours and laboratory of 8 hours, clinical of 100 hours for a total clock hours of 158. Upon successful completion of the course with the appropriate number of hours required, in addition to a cumulative grade point of B (80%) and having fully paid all tuition charges, the student will be awarded the certificate of completion. Graduate will be illegible to take Nursing Assistant Certification Exam.

## “NOTICE”

“YOU MAY ASSERT AGAINST THE HOLDER OF THE PROMISSORY NOTE YOU SIGNED IN ORDER TO FINANCE THE COST OF THE EDUCATIONAL PROGRAM ALL OF THE CLAIMS AND DEFENSES THAT YOU COULD ASSERT AGAINST THIS INSTITUTION, UP TO THE AMOUNT YOU HAVE ALREADY PAID UNDER THE PROMISSORY NOTE”.

### **Default Alert:**

If the student defaults on a federal or state loan, both the following may occur.

1. The federal or state government or a loan guarantee agency may take action against the student, including applying any income tax to which the person is entitled to reduce the balance on the loan.
2. The student may not be eligible for any other federal student financial aid at another institution or other government financial assistance until the loan is repaid.

### **Student Tuition Recovery Fund (STRF):**

STRF is a state requirement that a student who pays his or her tuition is required to pay a state imposed assessment for the student tuition recovery fund. All students that are residents of California that pay their tuition by cash, personal loans must participate in the Student Tuition Recovery Fund (STRF). The Non-Refundable STRF charge for your program will be based on the charge of \$0.00 per \$1000.00 in tuition charges to the next \$1000.00. This was established to protect any student who attends a private postsecondary institution from losing money if you prepaid tuition and suffered a financial loss as a result of the school closing. You do not qualify by failing to live up to the school’s enrollment agreement or refusing to pay a court judgment.

### **Student Rights and Responsibilities with respect to the Student Tuition Recovery Fund (STRF):**

You must pay the state-imposed assessment for the Student Tuition Recovery Fund (STRF) if all of the following applies to you:

1. You are a student in an educational program, a California resident, or are enrolled in a residency program, and prepay all or part of your tuition either by cash, guaranteed student loans, or personal loans.
2. Your total charges are not paid by any third-party payer, such as an employer, government program, or other payer unless you have a separate agreement to repay the third party.

You are not eligible for protection from the STRF and you are not required to pay the STRF assessment, if either of the following applies:

1. You are not a California resident, or are not enrolled in a residency program.
2. Your total charges are paid by a third party, such as an employer, government or other payer, and you have no separate agreement to repay the third party.

“The State of California created the Student Tuition Recovery Fund (STRF) to relieve or mitigate economic losses suffered by students in educational programs who are California

residents, or are enrolled in a residency program attending certain schools regulated by the Bureau for Private postsecondary and Vocational Education.”

**You may be eligible for STRF if you are a California resident or are enrolled in a residency program, prepaid tuition, paid the STRF assessment, and suffered an economic loss as a result of any of the following:**

1. The school closed before the course of instruction was completed.
2. The school’s failure to pay refunds or charges on behalf of a student to a third party for license fees or any other purpose, or to provide equipment or materials for, which a charge was collected within 180 days before the closure of the school.
3. The school’s failure to pay or reimburse loan proceeds under a federally guaranteed student loan program as required by law or to pay or reimburse proceeds received by the school prior to closure in excess of tuition and other costs.
4. There was a material failure to comply with the Act of this Division within 30 days before the school closed or the material failure began earlier than 30 days prior to closure.
5. Inabilities after diligent efforts to prosecute, prove, and collect on a judgment against the institution for a violation of the Act.

**However, no claim can be paid to any student without a social security number or a taxpayer identification number.**

To qualify for STRF reimbursement you must file a STRF application within one year of receiving notice form BPPE that the school has closed. If you do not receive notice from BPPE, you have four years from the date of closure to file STRF applications. If a judgment is obtained, you must file a STRF application within two years of the final judgment. It is important that you keep copies of the enrollment agreement, receipts or any other information that documents the monies paid to the school.

“Any questions a student may have regarding this catalog that have not been satisfactorily answered by the institution may be directed to the Bureau for Private Postsecondary Education as well as individuals wishing to file a complaint about the institution to the Bureau at (2535 Capitol Oaks Drive, Suite 400, Sacramento, CA 95833), (P. O. Box 980818, West Sacramento, CA 95798-0818), ([www.bbpe.ca.gov](http://www.bbpe.ca.gov)), ((888) 370-7589 or by fax (916) 263-1897, (916) 431-6959 or by fax (916)-263-1897).”

**Have you graduated from high school or received a high school equivalency diploma (GED)**

Yes

No

Do you speak, read or write a language other than English? Yes  No

Please specify the language: \_\_\_\_\_

Have you ever had any criminal convictions in the past? Yes  No

If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

**A background check will be done on all students through Live Scan Screening as required by CA DHS.**

**STUDENT RIGHT TO CANCEL & REFUND POLICY**

Cancellations due to rejection of application and program cancellation by the institution will receive a full refund of all monies paid.

**Withdrawal Procedure:**

1. Applicants are required to provide written notice of cancellation. A withdrawal takes effect by the student's written notice, student's conduct, and lack of attendance.
2. The notice must include the expected last date of attendance, signed, and dated by the student.
3. Institutions shall refund 100 percent of the amount paid for institutional charges, less a registration fee (\$125.00), if notice of cancellation is made through attendance at the first class session, or the seventh day after enrollment. **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_
4. If the student cancels an enrollment agreement or withdraws during a period of attendance, the unearned institutional charges shall be refunded. Students who have completed 60 percent or less of the period of attendance shall receive a pro rata refund.

Cancellation shall occur when the student provides a written notice of cancellation to:

Vasco Career College  
1227 Hilltop Mall Rd Richmond, CA 94806

**Example of Refund Calculation excluding (registration fee which is not refundable):**

***Nursing Assistant***

50 didactic, clinical hours 100

Withdrew after 51 hours of instruction

\$1250.00 tuition/150 hours = \$8.33 per hour

\$8.33 x 51 hours attended= 424.83

\$1250.00 tuition paid - \$424.83 = \$825.17

Return Check Charges = \$35.00

Duplicate of Certificate = \$25.00

Late payment Fee = \$25.00

Certificates of completion will not be issued until all financial obligations are fulfilled.

**5. The institution shall pay or credit refunds within 45 days of a student's cancellation or withdrawal.**

If the student has received federal student financial aid fund, the student is entitled to a refund of moneys not paid from federal student financial aid program funds.

**NOTICE TO BUYER**

1. Enrollment will be conducted in English only. 10<sup>th</sup> grade English proficiency is required for this program.
2. Do not sign this agreement before you have read it or if it contains any blank spaces.

3. Prior to signing this enrollment agreement, you must be given a catalog or a brochure and a School Performance Fact Sheet, which you are encouraged to review prior to signing this agreement. These documents contain important policies and performance data for this institution. This institution is required to have you sign and date the information included in the School Performance Fact Sheet relating to completion rates, placement rates, license examination passage rates, and salaries or wages, and the most recent three-year cohort default rate, if applicable, prior to signing this agreement.
4. This agreement is a legally binding instrument. Both sides of the contract is binding only when the agreement is accepted, signed, and dated by the authorized official of the school or the admissions officer at the school's principal place of business. Read both sides before signing.
5. You are entitled to an exact copy of this agreement and any disclosure pages you sign.
6. This agreement and the school catalog constitute the entire agreement between the student and the school.
7. Although the school will provide placement assistance, the school does not guarantee job placement to graduates upon program completion or upon graduation.
8. The school reserves the right to reschedule the program start date if the number of students scheduled is too small.
9. The school reserves the right to terminate a student's training for unsatisfactory progress, nonpayment of tuition or failure to abide by the established standards of conduct.
10. The school reserves the right to cancel or postpone a program due to low enrollments. If the program is cancelled in its entirety by the school and the student cannot be placed in another program, the student is entitled to a full refund of all fees, including registration fee.
11. The school does not guarantee the transferability of credits to a college, university or institution. Any decision of the comparability, appropriateness and applicability of credit, and whether they should be accepted is the decision of the receiving institution.
12. There are no fees to transfer credit or assessment fees for transfer of credit.
13. There are no other charges or fees to applicants.
14. Recruitment shall be conducted in English. The institution shall clearly define all necessary requirements to the student. Also, individuals interested in the program are allowed to take the enrollment agreement home to carefully read and understand the enrollment requirements.
15. Tutoring is by appointment "**NO FEES**".

**Housing:**

Vasco Career College has no responsibility to find or assist a student in finding housing. This is a non-residential institution and has no dormitory facilities under its control. One-bedroom apartment in the 94806 area ranges from \$600.00-\$1600.00 per month. "www.apartment.com"

**"NOTICE CONCERNING TRANSFERABILITY OF CREDITS AND CREDENTIALS EARNED AT OUR INSTITUTION"**

"The transferability of credits you earn at Vasco Career College is at the complete discretion of an institution to which you may seek to transfer. Acceptance of the **Nursing Assistant** Certificate you earn in the **Nursing Assistant** Training Program is also at the complete discretion of the institution to which you may seek to transfer. If the **Nursing Assistant** Certificate that you

earn at this institution is not accepted at the institution to which you seek to transfer, you may be required to repeat some or all of your coursework at that institution. For this reason you should make certain that your attendance at this institution will meet your educational goals. This may include contacting an institution to which you may seek to transfer after attending Vasco Career College to determine if your **Nursing Assistant** Certificate will transfer.”

“Any questions a student may have regarding this catalog that have not been satisfactorily answered by the institution may be directed to the Bureau for Private Postsecondary Education as well as individuals wishing to file a complaint about the institution to the Bureau at (2535 Capitol Oaks Drive, Suite 400, Sacramento, CA 95833), (P. O. Box 980818, West Sacramento, CA 95798-0818), ([www.bbpe.ca.gov](http://www.bbpe.ca.gov)), ((888) 370-7589 or by fax (916) 263-1897, (916) 431-6959 or by fax (916)-263-1897).”

“ A student or any member of the public may file a complaint about this institution with the Bureau for Private Postsecondary Education be calling (888) 370-7589 toll free or by completing a compliant form, which can be obtained on the bureau’s internet web site [www.bbpe.ca.gov](http://www.bbpe.ca.gov).”

#### **STUDENT ACKNOWLEDGMENTS**

“Prior to signing this enrollment agreement, you must be given a catalog or brochure and a School Performance Fact Sheet, which you are encouraged to review prior to signing this agreement. These documents contain important policies and performance data for this institution. This institution is required to have you sign and date the information included in the School Performance Fact Sheet relating to Completion rates, placement rates, license examination passage rates, and salaries or wages, and the most recent three-year cohort default rate, if applicable, prior to signing this agreement.”

\_\_\_\_\_ Student initials

“I certify that I have received the catalog, school Performance Fact Sheet, and information regarding completion rates, placement rates, license examination passage rates, and salary or wage information, and the most recent three-year cohort default rate. Included is the School Performance Fact Sheet, please initial and date the information provided in the School Performance Fact Sheet. ”

\_\_\_\_\_ Student initials

I have carefully read and received an exact copy of this enrollment agreement.

\_\_\_\_\_ Student initials

I understand that the school may terminate my enrollment if I fail to comply with attendance, academic, and financial requirements or if I fail to abide by the established standards of conduct, as outlined in the school catalog. While enrolled in the school, I understand that I must maintain satisfactory academic progress as described in the school catalog and that my financial obligation to the school must be paid in full before a certificate may be awarded.

\_\_\_\_\_ Student initials

I understand that the school does not guarantee job placement to graduates upon program completion or upon graduation.

\_\_\_\_\_ Student initials

I understand that complaints, which cannot be resolved by direct negotiation with the school in accordance to its written grievance policy, may be filed with the Bureau for Private Postsecondary Education. All student complaints must be submitted in writing.

\_\_\_\_\_ Student initials

**TOTAL CHARGES FOR THE CURRENT PERIOD OF ATTENDANCE = \$1500.00**  
**TOTAL CHARGES FOR THE ENTIRE EDUCATIONAL PROGRAM = \$1500.00**  
**TOTAL CHARGES THE STUDENT IS OBLIGATED TO PAY UPON RENROLLMENT=**  
**\$375.00**

### **Contract Acceptance**

I, the undersigned, have read and understand this agreement and acknowledge receipt of a copy. It is further understood and agreed that this agreement supersedes all prior or contemporaneous verbal or written agreements and may not be modified without the written agreement of the student and the School Official. I also understand that in default upon this agreement, I will be responsible for payment of any collection fees or attorney fees incurred by Vasco Career College.

The agreement is a legally binding when the enrollment agreement is signed by the student and accepted by the institution.

I understand that this is a legally binding contract. My signature below certifies that I have read, understood, and agreed to my rights and responsibilities, and that the institution's cancellation and refund policies have been clearly explained to me.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of School Official

\_\_\_\_\_  
Date

### **REPRESENTATIVE'S CERTIFICATION**

I hereby certify that \_\_\_\_\_ has been interviewed by me and in my judgment, meets all requirements for acceptance as a student in the **Nursing Assistant Training** Program at Vasco Career College, as described in the school catalog, I further certify that there have been no verbal or written agreements or promises other than those appearing on this agreement.

\_\_\_\_\_  
Signature of School Official

\_\_\_\_\_  
Date



