

## IFCA Computer Training Application Form

PLEASE PRINT THIS FORM OUT AND COMPLETE THOROUGHLY

1. NAME OF STUDENT ATTENDING: \_\_\_\_\_

2. COMPANY NAME OF IFCA CONTRACTOR MEMBER:

\_\_\_\_\_

ADDRESS (include City, State, Zip):

\_\_\_\_\_

\_\_\_\_\_

TEL. NO.: \_\_\_\_\_ FAX NO.: \_\_\_\_\_

3. NAME OF PROFESSIONAL COMPUTER TRAINING CENTER:

\_\_\_\_\_

ADDRESS (include City, State, Zip):

\_\_\_\_\_

\_\_\_\_\_

TEL. NO.: \_\_\_\_\_ CONTACT NAME.: \_\_\_\_\_

4. CLASS TITLE: \_\_\_\_\_

5. APPLICANT'S SIGNATURE: \_\_\_\_\_

6. IFCA CONTRACTOR MEMBER'S SIGNATURE: \_\_\_\_\_

7. IFCA EXECUTIVE DIRECTOR'S SIGNATURE: \_\_\_\_\_

**RETURN COMPLETED APPLICATION BY FACSIMILE (610) 225-1052**

**ALL APPLICATIONS MUST BE APPROVED OF AND SIGNED BY IFCA'S EXECUTIVE DIRECTOR.**

IFCA  
530 E. Swedesford Road, Suite 106  
Wayne, PA 19087  
Office: (610) 225-1050  
Fax: (610) 225-1052

REMINDER: Applicants must comply with IFCA's Educational Guidelines! The day class begins, students have thirty (30) days to mail IFCA a copy of the completed Tuition Sponsorship Application.