



STARKEY INTERNATIONAL INSTITUTE

Certified Manager's Program - Military

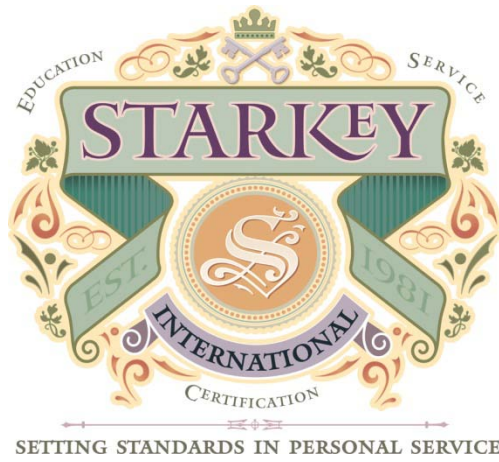
4-Week -Washington, DC

(255 Curriculum Hours)

REQUIRED ADMISSIONS MATERIALS

- \$500.00 Application fee and deposit
- Completed Admissions Packet including:
 - o Completed and Signed Admissions Application
 - o Typed 150 Word Personal Essay
 - o Signed Pre-Inquiry Release Authorization complete with notary
 - o Signed Enrollment Agreement
 - o Current Resume
 - o Goals Sheet
 - o Completed Technical Skills Self-Assessment
 - o Official Educational Transcripts
 - o Current Photograph

**THE ENROLLMENT PROCESS CAN NOT START UNTIL
THE ABOVE MATERIALS AND DEPOSITS ARE SUBMITTED**



STARKEY INTERNATIONAL INSTITUTE

1350 Logan Street Denver, Colorado 80203 303.832.5510 303.832.5015 fax
 Approved and Regulated by the Division of Private Occupational Schools, Colorado Department of Higher Education

ADMISSIONS APPLICATION

Date			School Term			Housing		
Full Legal Name								
Current Address								
City			State			Zip		
Previous Address								
City			State			Zip		
Home Phone			Cellular Phone			Business Phone		
May We Call You At Work?								
Email Address								

EMERGENCY CONTACT

EMERGENCY CONTACT			
Name		Relationship to You	
Address			
City		State	Zip
Home Phone Number	Cellular Phone Number	Work Phone Number	

MILITARY SERVICE

MILITARY SERVICE		
Branch	Dates of Service	
Rank	Rate	
Enlistment Status	Reserve Status	
Did You Receive An Honorable Discharge?	Yes	No
If No, Please Explain		

PERSONAL INFORMATION

PERSONAL INFORMATION			
Birth Date	Birth Place		
US Citizen Yes No	If No, Then Work Permit Number		
Passport Number			
Social Security #	Driver's License #	State	
Marital Status	Single	Married	Separated Divorced Widowed
Do you have any children?	Yes	No	If yes, please list their ages:
Have you ever been convicted of a Driving Under the Influence charge?	Yes	No	If yes, please explain:
Any moving violations? Explain:			
Have you ever been arrested or convicted for theft, embezzlement, or any other criminal activities? (either misdemeanor or felony)	Yes	No	If yes, please explain:
Have you ever been arrested or convicted for having improper sexual or physical contact with a child?	Yes	No	If yes, please explain:

SECTION 6: PHYSICAL INFORMATION

Height:	Weight:	Date of last physical exam:	Last T.B. test:
Have you ever filed, or had filed for you, a workmen's compensation claim?		Yes No	If yes, please explain:
Do you drink alcohol?	Yes No	Do you smoke? Yes No	
If yes, can you work without smoking? Yes No			
Is there any aspect of your physical or mental health, or any other issue in your personal life, that would interfere with your ability to perform the essential functions of this position safely and effectively?			

EDUCATION

	Name Address	Years Attended	Graduation Date	Degree	Major
High School					
University					
University					
Trade School					
Career Training / Occupational Training					
Other Education					

COMPUTER PROFICIENCY

Can You Type?	Yes	No	How Fast?	
Program	Beginner	Intermediate	Expert	Don't Know
Word/ PowerPoint				
Excel/ Access				
QuickBooks				
Outlook functions (not just email)				
Internet Research				
List Other Computer Programs With Which You Are Familiar and Level of Proficiency:				
Do You Speak Any Other Languages? Please list language and proficiency.				

PERSONAL REFERENCES

DO NOT LIST RELATIVES OR FORMER EMPLOYERS

(Please contact your references and let them know they will be contacted)

Name		Address	
Years Known	Relationship	Home Phone	
		Cellular Phone	
Occupation		Business Phone	
Name		Address	
Years Known	Relationship	Home Phone	
		Cellular Phone	
Occupation		Business Phone	
Name		Address	
Years Known	Relationship	Home Phone	
		Cellular Phone	
Occupation		Business Phone	
Name		Address	
Years Known	Relationship	Home Phone	
		Cellular Phone	
Occupation		Business Phone	

PROFESSIONAL REFERENCES

(Please contact your references and let them know they will be contacted)

Reference Name	Business Address
Business Name	Position/Title
Years Known	Business Phone
Reference Name	Business Address
Business Name	Position/Title
Years Known	Business Phone
Reference Name	Business Address
Business Name	Position/Title
Years Known	Business Phone
Reference Name	Business Address
Business Name	Position/Title
Years Known	Business Phone

EMPLOYMENT HISTORY

(Begin with your MOST RECENT work experience)

FAILURE TO COMPLETE THIS SECTION IN DETAIL WILL RESULT IN NON-ACCEPTANCE

Employer Name		Dates of Employment	
		Supervisor Name	
Employer Address		Phone Number	
		Gross Salary:	
Position Title: Duties and Responsibilities			
Reason For Leaving			
Employer Name		Dates of Employment	
		Supervisor Name	
Employer Address		Phone Number	
		Gross Salary:	
Position Title: Duties and Responsibilities			
Reason for Leaving			
Employer Name		Dates of Employment	
		Supervisor Name	
Employer Address		Phone Number	
		Gross Salary:	
Position Title: Duties and Responsibilities			
Reason for Leaving			

EMPLOYMENT HISTORY CONTINUED...

Employer Name	Dates of Employment
	Supervisor Name
Employer Address	Phone Number
	Gross Salary:
Position Title: Duties and Responsibilities	
Reason for Leaving	
Employer Name	Dates of Employment
	Supervisor Name
Employer Address	Phone Number
	Gross Salary:
Position Title: Duties and Responsibilities	
Reason for Leaving	
Employer Name	Dates of Employment
	Supervisor Name
Employer Address	Phone Number
	Gross Salary:
Position Title: Duties and Responsibilities	
Reason for Leaving	
<p><i>A Starkey representative will call current and previous employers, encompassing the past 10 years to interview and verify employment. PLEASE CONTACT previous employers to make them aware of the forthcoming call.</i></p>	

PERSONAL ESSAY

In the space below, or on a separate sheet of paper, type an essay (150-word minimum) in your own words explaining why you wish to receive this training, how you will benefit from this training and what you can contribute to the Private Service Industry.

PLEASE READ AND SIGN THE FOLLOWING:

I have read the terms and conditions of acceptance in the Starkey International Institute for Household Management, Inc. (SII) catalog and agree that if accepted and registered, I will abide by them. I understand that it is my responsibility to acquire the necessary application materials to complete my file for review and will update my file with any changes in employment. I certify that answers provided by me on this application are true, correct, and complete to the best of my knowledge and that no facts have been omitted.

I authorize SII to obtain an investigative report containing information about me, including information obtained through personal interviews with my neighbors, friends and acquaintances. This report may include information as to my character, general reputation, personal characteristics, mode of living, my reliability, credit worthiness, employment history, and education (including school transcripts). I authorize SII to access my consumer credit report. I understand that any negative information obtained in these investigations may affect, as allowed by law, my admission eligibility, but that all information will be evaluated in light of my age at the time of an incident, the nature of the incident, and my mode of living since the incident occurred. **I understand that completion and processing of this application does not obligate SII to admit, hire or place me in any position.**

In the event that I am admitted, I authorize SII to distribute, copy and transmit, as allowed by law, the information obtained about me to potential employers for the purposes of securing potential employment for me, and to act as my agent in seeking such employment possibilities, understand that the stated placement policy of Starkey International Institute for Household Management, Inc. is that of full disclosure and that any information about me, whether provided by me or obtained through legal, authorized investigative means, may be provided to any prospective employer to whom I am presented for possible employment. I further understand that such information may, as allowed by law, prevent me from obtaining employment in the household management / household professional industry.

I acknowledge that the Starkey International Institute for Household Management, Inc. does not guarantee employment to me, and that by signing this form I acknowledge a full understanding of the full disclosure policy and its potential ramifications on my future employment.

Applicant's Signature

Date

Applicant's Printed Full Legal Name

All materials and deposits on the Admissions Checklist are mandatory. Your completed Acceptance Packet, including this Application, is imperative to the Acceptance Process. You are responsible for the completion and submission of any and all required documentation. Failure to do so will result in a delay to the Acceptance Process.



STARKEY INTERNATIONAL INSTITUTE FOR HOUSEHOLD MANAGEMENT, INC.

PRE-ADMISSIONS INQUIRY RELEASE

In connection with my application for enrollment in the Starkey International Institute for Household Management Inc. (SII), I understand that investigative background inquiries are to be made on myself including, but not limited to, personal interviews with my neighbors, friends, previous employers and acquaintances. Further, I understand that you will be requesting information from various Federal, State, and other agencies which maintain records concerning my past activities and may access information relating to my credit, criminal, driving, civil, workman's compensation and other experiences. These reports may include information as to my character, general reputation, personal characteristics, reliability, and education (including school transcripts).

I authorize, without reservation, any party or agency contracted by SII to furnish the above mentioned information. I hereby consent to your obtaining the above information from any licensed agents or services. I understand to aid in the proper identification of my files or records the following information is necessary.

Full Legal Name			
Maiden Name		Aliases	
Current Address			
City		State	Zip
Home Number	Cellular Number		Business Number
Social Security Number			Date of Birth
Driver's License Number		State	

Applicant Signature

Date

Subscribed and affirmed, or sworn to before me, in the State of _____, County of _____, This ____ day of _____, 20____, by _____ (Applicant), who executed this form in my presence and presented the identification described above.

Notary Public Signature

My Commission Expires: _____

Notary Public Printed Name

Notary Seal



STARKEY INTERNATIONAL INSTITUTE

1350 Logan Street, Denver, CO 80203 Phone: 303-832-5510 Fax: 303-832-5015 Email: admissions@starkeyintl.com

Approved and Regulated by the Colorado Department of Higher Education, Private Occupational School Board

FOUR WEEK CERTIFIED MANAGER'S COURSE

Washington DC - Military
(186 Curriculum Hours)

Enrollment Agreement

Personal Information and Identification

Full Legal Name			
Address			
City		State	Zip
Home Number	Cellular Number		Business Number
Birth Date		Place of Birth	

Tuition, Fees and Other Expenses

<i>Tuition and Fees Subject To Cost Change</i>	
ITEM	RATE
Admissions Deposit Fee (Due at time application is received)	\$ 500.00
Tuition: Certified Manager's Graduate Course The Following are included: Books, Materials, and Specialty Classes <i>*These items are not optional and cannot be deleted, substituted for or privately provided. Each item will require participation from the student and will count toward graduation and certification through Starkey International Institute for Household Management.</i> <i>*Meals and Housing not provided*</i> HQ Software available for \$2,015.96 per GSA Contract	\$ 6, 587.00
TOTAL DUE FOR WASHINGTON DC COURSE	\$ 7,087.00

- Type of Instruction: Classroom (Theory, Practical and Application)
- Candidacy: Enrollment Agreement is for Certified Manager's Program in Washington D.C.
 - I have reviewed the current catalog for the course and understand the hours and content.
- Financial: The aforementioned cost of attending the Institute and the method of payment are subject to the terms and refund policy stated in this agreement. Indicate how the Balance Due is to be paid:

- Intent of Payment:
 - Full Payment 21 days prior to start date of course (Check, Money Order, Cashier's Check, Debit or Credit Card)
 - Approved Sponsorship (Reviewed on a Case-by-Case Basis)
 - Other; Please Explain:

By signing this contract, the student agrees to pay SII the total stated tuition and fees. SII agrees to provide the occupational training in accordance with the provisions of the current catalog. Payment of all monies due 21 days prior to the start date of the course shall be a condition of continuing enrollment. Upon satisfactory completion of all academic and skill requirements and when all financial obligations to the school have been met, SII will award the educational credentials for this course to the student. The student and the school understand that this enrollment agreement, which includes the refund policy, may not be amended except in writing signed by both parties.

Applicant Signature Date

Director of Admissions Date

The Student agrees to comply with SII rules and regulations during his/her program of study, and SII has the privilege of cancelling this agreement and expelling the Student in the event of the Student's failure to comply with the rules and regulations as stated in the current catalog. The Student may also be terminated for failure to maintain a satisfactory grade point average, excessive absences, or non-payment of tuition or other costs. To be eligible for graduation and to receive a certificate, the Student must complete all courses, including theory and laboratory instruction with an overall grade point average of at least 2.0 and be current in all financial obligations to the Institute. If the Student fails to complete satisfactorily any course due to excessive absences or deficient grades, then he/she will be allowed to repeat such course at the next available offering. SII reserves the right to select which courses will be offered each term and to substitute other courses for those listed in the program of study which do not substantially alter the integrity of the program. In accepting applications, SII assumes the obligation of furnishing a complete program, teachers, equipment, laboratories, classrooms, and other facilities necessary for teaching this program at a stated offered tuition cost for the program as inserted previously in this agreement. In the event the Institute is unable to perform any of its obligations under this agreement by reason of fire, strike, work stoppage, riot, utility failures or shortages or damages by the elements, Acts of God, or of any unavoidable casualty, the Institute shall not be responsible for damages caused by delay or failure to perform hereunder, provided said delay does not exceed 90 days and the Institute evidences positive efforts every 30 days to reactivate the Institute. Refunds at any time will be made only in accordance with the refund policy of the Institute as printed below:

REFUND POLICY

Students not accepted by the school and students who cancel this contract by notifying the school within three (3) business days prior to the class start date are entitled to a full refund of all tuition and fees paid. Students who withdraw after three (3) business days but before commencement of classes are entitled to a full refund of all

tuition and fees paid except the cancellation fee of \$150.00. In the case of students withdrawing after commencement of classes, the school will retain a cancellation fee plus a percentage of tuition and refundable fees based upon the percentage of contact hours attended as described in the table below. The refund is based on the last date of recorded attendance. The housing deposit is non-refundable.

Enrollment Agreement Page 2 of 3

Student is Entitled to Upon Withdrawal/Termination	Refund Of	
Within first 10% of program	90%	less \$150.00
After 10% but within first 25% of program	75%	less \$150.00
After 25% but within first 50% of program	50%	less \$150.00
After 50% but within first 75% of program	25%	less \$150.00
After 75%	no refund	

- Student may cancel this contract at any time prior to close of the third business day after signing this contract.
- The official date of termination for refund purposes is the last date of recorded attendance. All refunds will be made within 30 days from the date of termination.
- All refunds are exclusive of books and tools. Room and board will be reimbursed only if space can be filled by another applicant that will be added to the class.
- The policy for granting credit for previous training shall not impact the refund policy.
- Policy regarding postponement of starting date and the effect on student's rights to a refund: "Postponement of a starting date, whether at the request of the school or the student, requires a written agreement signed by the student and the school. The agreement must set forth:
 - o Whether the postponement is for the convenience of the school or the student, and:
 - o A deadline for the new start date, beyond which the start date will not be postponed.
- If the course is not commenced, or the student fails to attend by the new start date set forth in the agreement, the student will be entitled to an appropriate refund of prepaid tuition and fees within 30 days of the deadline of the new start date set forth in the agreement, determined in accordance with the school's refund policy and all applicable laws and rules concerning the Private Occupational Act of 1981.
- The student will receive a full refund of tuition and fees paid if the school discontinues a course/program within a period of time a student could have reasonably completed it, except that this provision shall not apply in the event the school ceases operation.
- Complaints, which cannot be resolved by direct negotiation between the student and the school, may be filed with the Division of Private Occupational Schools of the Colorado Department of Higher Education, 1560 Broadway, Suite 1600, Denver, Colorado 80202, (303)866-2723, or online at <http://higher.ed.colorado.gov/dpos>. There is a two-year limitation on the Division taking action on student complaints. The Division shall not consider any claim that is filed more than two years after the date the student discontinues their training at the school.

**REFUND POLICY FOR VETERANS ONLY
NON-ACCREDITED COURSES
IN ACCORDANCE WITH VA REGULATION 21.4255-1**

Students not accepted by the school and students who cancel the contract by notifying the school within three business days are entitled to a full refund of all tuition and fees paid. If any students withdraw after three business days, but before commencement of classes, are entitled to a full refund of all tuition and fees paid including the registration fee in excess of \$10.

In the case of students withdrawing after commencement of classes, the school will retain a cancellation fee plus a percentage of tuition and fees, which is based on the percentage of contact hours attended, as described in the table below. The refund is based on the last date of recorded attendance.

REFUND TABLE FOR VETERAN STUDENT(S)

<i>Student entitled upon withdrawal/termination</i>	<i>Refund</i>
10% of program completed	90% Refunded
20% of program completed	80% Refunded
30% of program completed	70% Refunded
40% of program completed	60% Refunded
50% of program completed	50% Refunded
60% of program completed	40% Refunded
70% of program completed	30% Refunded
80% of program completed	20% Refunded
90% of program completed	10% Refunded

- ❖ The student may cancel this contract at any time prior to close of the third business day after signing the enrollment agreement.
- ❖ The official date of termination for refund purposes is the last date of recorded attendance. All refunds will be made within 30 days from the date of termination.
- ❖ The student will receive a full refund of tuition and fees paid if the school discontinues a course/program within a period of time a student could have reasonably completed it, except that this provision shall not apply in the event the school ceases operation.
- ❖ Complaints, which cannot be resolved by direct negotiation between the student and the school, may be filed with the Division of Private Occupational Schools of the Colorado Department of Higher Education. The Division shall not consider any claim that is filed more than two years after the date the student discontinues his/her training at the school.

The Institute makes neither a guarantee for placement following training nor of credit transfer. The parties executing this Enrollment Agreement hereby acknowledge that they have read, understood and received a copy of this agreement, the Institute application and current school catalog.

Applicant Signature

Date

Director of Admissions

Date



STARKEY INTERNATIONAL INSTITUTE

GOALS I EXPECT TO ACCOMPLISH DURING TRAINING

STUDENT NAME

1

2

3

4

5

6

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8

9

10



STARKEY INTERNATIONAL INSTITUTE

TECHNICAL SKILLS SELF ASSESSMENT

STUDENT NAME

The following is a Technical Skills Self-Assessment Matrix. This Matrix will be discussed in various formats during the course of the four and eight week programs.

Taking the service standards listed on the left side, please evaluate yourself on a scale of one to ten (one being low ability and ten being high ability). This form is a self-assessment tool to determine where you see your present skills now, and then you will re-assess the same skills at the end of the program.

SERVICE STANDARDS	RATE YOUR SKILLS
Management Skills	
Administrative Skills	
Organization Skills	
Computer Proficiency	
Housekeeping Knowledge	
Cooking / Culinary Skills	
Clothing / Personal Care Skills	
Entertaining Skills	
Event Coordination Skills	
Property / Grounds Skills	
Household Maintenance Skills	
Household / Property Security Skills	
Child / Elder / Pet Care Skills	
Travel / Concierge Skills	
Vendor Management Skills	
Construction Contract Mgt Skills	
TOTAL POINTS	

Please return this form with your completed admissions application.