Student Referral Form

Student Information:

Name	**Program**
Address	**Phone**
City **State** **Zip**	**Email**

I was referred to Ashland County-West Holmes Career Center Adult Education by:

Past Student – Print Name

Phone

Student Signature **Date**

Student Referral Program
Our students and alumni play a significant role in building a positive image of ACWHCC. Our students' and alumni recommendations for prospective students matter to us and we value and prioritize referred candidates. The ACWHCC student referral program is open to all current students and alumni. By referring family, friends, and colleagues to our campus, you'll not only help them achieve their career goals, but also grow our network. And to say thank you, we'll send you a $50 reward and reward the prospective student with $50 as well.

Who can enter? The referral program is open to all current students and alumni of ACWHCC who are in good academic and financial standing with ACWHCC.

How to enter? Complete the Student Referral Form with the name and contact information of both the potential student and the referring student or alumni. There is no limit on how many students a current student or alumni can refer but each referral must be completed separately. The Student Referral Form must be submitted before the prospective student attends orientation. Each prospective student may only have one referrer. In the event of multiple referrers, the referrer with the earliest time-stamped submission will be deemed the referrer and the others will be null and void.

Award If the potential student applies, enrolls, and completes two weeks of a career technical program at least 150 hours in duration, within one-year of the referral, the referring individual will receive $50 paid by check. The $50 will be sent to the mailing address provided on the Student Referral Form and undeliverable payment will be forfeited. Referral and enrollment verification will be completed approximately three weeks after the start of each program. The enrolled student will have $50 applied to their student account.

Office Use: *Form Received by: _____ Date Received ___/___/_____*

Student Start Date: ___/___/_____

Amount of Award: _____

Director Approval Signature *Date* *Date Award Processed: ___/___/_____*