



## SYNAP IT APPRENTICESHIP PROGRAM

### ADMISSION APPLICATION FORM

Thank you for your interest in SYNAP IT Apprentice Program. If you have any questions about the application please call us at 866-338-7033 or e-mail at [apprentice@synapit.com](mailto:apprentice@synapit.com). We look forward to receiving your application for admission.

#### PROGRAM TERMS

During the program term you will be required to attend one training class a week and complete weekly assignments. You will have other Company related work which will also be required for you to complete according to our work schedule. You can schedule your own hours which you will be available to work in our offices. When you are not working on assignments you may use this time as your "Lab Work" to complete course assignments or research your field of interest. We will also schedule a "Apprentice" day every week, in which you will shadow an SYNAP engineer and assist in various duties. Your course performance, attendance and successful completion of assignments will count towards you final grade which will be printed on your certificate at the end of the program.

Note: Scholarships and stipends may be revoked at any time for continued unsatisfactory performance (2 warnings will be given before a final judgment is made).

#### SCHEDULE

16 Weeks Term

You must maintain a 20 hrs Min/Week to maintain your program status. Your schedules are designed by you. Fridays you must attend for the full day.

#### MATERIALS REQUIRED TO COMPLETE THIS APPLICATION:

- RESUME SUBMISSION:** Resume and Cover letter
- APPLICATION FORM:** Complete the Application for Admission.
- TUITION FEE:** A tuition fee of \$1600.00 U.S. dollars must accompany each Application for Admission. You may pay the Application Fee by either a credit card or by check or by a money order. The tuition fee is not refundable. If you have received any scholarships and/or stipend, please include those forms with this application.
- CONFIDENTIALITY AND NONSOLICITATION AGREEMENT:** Read and sign the terms of agreement.

All required materials are to be mailed or returned to:

SYNAP Corporation  
255 West 36th St. suite 1106  
New York, NY 10018

#### DEADLINES FOR APPLICATIONS:

All required materials must be received by us before the first day of class unless you have made other arrangements.



## PERSONAL INFORMATION

1. Name : \_\_\_\_\_  
Last First Middle

2. U. S. Social Security Number \_\_\_\_\_ - -

4. Date of Birth: \_\_\_\_\_ 5. Gender  Male  Female  
Month Day Year

6. Residing address \_\_\_\_\_ 7. Home (permanent) address, if different \_\_\_\_\_  
Street Street  
City City  
State Zip Code State Zip Code

8. Telephone ( ) - ( ) - \_\_\_\_\_ 9. E-mail \_\_\_\_\_  
daytime evening

10. What is your city of residency? \_\_\_\_\_ How long? \_\_\_\_\_

11. Place of Birth \_\_\_\_\_

12. Citizenship:  U. S. Citizen  U. S. Permanent Resident (*Mail a copy of both sides of your I-551 card.*)

13. Country of citizenship \_\_\_\_\_ Visa type \_\_\_\_\_

## ADMISSION INFORMATION

1. For which session are you applying? (Indicate year.) Summer \_\_\_\_\_ Winter \_\_\_\_\_

2. Indicate your intended objective: (check on or more which may apply)

- IT Support  Network Administrator  
 Database/Application Design  Security Administrator  
 IT Consultant  Other:

3. Indicate academic program of study you are currently enrolled in.

4. Indicate area of specialization or emphasis

## ACADEMIC HISTORY

1. Have you completed your baccalaureate degree? \*\*  Yes  No If no, when will you complete? \_\_\_\_\_  
Month Year

2. Institution baccalaureate degree earned \_\_\_\_\_  
School name City/State/Country Year graduated

3. Undergraduate major(s) \_\_\_\_\_ Undergraduate minor(s) \_\_\_\_\_

## PROFESSIONAL EXPERIENCE AND REFERENCES

1. List recent work history or teaching experience



866.338.7033  
fax 800.862.6235  
[www.synapcorporation.com](http://www.synapcorporation.com)

Job Title

Employer

Dates

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2. List the three (3) people as references or recommenders. Please include email or phone contact information

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Where did you first learn about the SYNAP IT Apprenticeship Program?

## PAYMENT INFORMATION

1. Payment Type:

- Visa/MasterCard
  - Amex
  - Check
- Credit Card Number

Exp Date

CID Number

## STATEMENT OF PURPOSE

Your statement should include your purpose in attending this program, any special topics you wish to pursue, and your future career goals.



## **COURSE PROJECT**

Create a course project that you intend to work on and complete during the course of this program. List the project name and purpose of the project. List parts which you will need to develop.

I certify that the information contained in this application is factually correct and complete. I understand the terms and conditions of the program and agree to those terms.

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*Signature of Applicant*

*Date*