|  |  |
| --- | --- |
| **Text  Description automatically generated** |  **Service Technician Education Program (STEP) Enrollment Form** |

**School must be accredited with the ASE Education Foundation to be eligible**

**School information**

|  |  |
| --- | --- |
| School’s Name: | Click here to enter text. |
| Street Address: | Click here to enter text. |
| City: | Click here to enter text. |
| State: | Click here to enter text. |
| Zip Code: | Click here to enter text. |

**Instructor’s Information**

|  |  |
| --- | --- |
| Instructor’s Name: | Click here to enter text. |
| Phone #: | Click here to enter text. |
| Email: | Click here to enter text. |

**GM Dealer information**

|  |  |
| --- | --- |
| Dealer Name: | Click here to enter text. |
| Street Address: | Click here to enter text. |
| Dealer BAC: | Click here to enter text. |
| City: | Click here to enter text. |
| State: | Click here to enter text. |
| Zip Code:  | Click here to enter text. |

**Dealer Point of Contact (POC) Information**

|  |  |
| --- | --- |
| POC Name: | Click here to enter text. |
| POC GMIN: | Click here to enter text. |
| POC Email: | Click here to enter text. |
| POC Phone: | Click here to enter text. |

**Zone Team Point of Contact (POC) Information**

|  |  |
| --- | --- |
| POC Name: | Click here to enter text. |
| POC Email: | Click here to enter text. |
| Zone: | Click here to enter text. |
| District:  | Click here to enter text. |

**ASE Education Foundation Representative Point of Contact (POC) Information**

|  |  |
| --- | --- |
| POC Name: | Click here to enter text. |
| POC Email: | Click here to enter text. |
| POC Phone: | Click here to enter text. |

Type in the required information, save document in its original MSWord format, and email to:

anthony.t.ratkowiak@gm.com

**(Handwritten forms will not be processed)**