

2015 Georgia Banking School
May 3 - 8, 2015
The UGA Hotel and Conference Center at the Georgia Center, Athens

Application for Admission

Application Instructions

This application may be completed for first-year, second-year, or third-year Banking School students. **First-year students may register and pay by Jan. 16, 2015 and receive an early bird discount.** You may mail completed application with your tuition check (made payable to the Georgia Bankers Association) to Georgia Bankers Association, 50 Hurt Plaza, SE, Suite 1050, Atlanta, GA 30303. If you would like your bank to be invoiced, you may email your application to Angela Barber, GBA's registrar, at abarber@gabankers.com. **Applications must be submitted by March 25, 2015 to guarantee a hotel room. Applications submitted between March 26 and the application deadline of April 17 are welcome but we cannot guarantee a hotel room.** Contact Kathy Friestad at GBA with questions at kfriestad@gabankers.com or 404.420.2024.

Tuition Inclusions and Schedule

Tuition includes: All instruction; supplemental materials; double occupancy accommodations for Sunday-Thursday nights at the UGA Hotel; daily breakfast and lunch; Welcome Reception and Dinner on Sunday, May 3; and daily refreshment breaks. Overnight parking in the UGA Conference Center Hotel deck is included with your hotel room. Students may request a private (single) room for a \$375 flat surcharge. Students changing room types onsite will be responsible for any increase in room charges resulting from this change.

Registration Category	Yearly Tuition (thru Jan. 16, 2015)	Yearly Tuition (Jan. 17, 2015 - April 17, 2015)
First Year Student	\$1,750	\$1,875
Second or Third Year Student	\$1,875	\$1,875

Registrant Information and Banking Experience

I have previously attended the Georgia Banking School. Year(s) attended: _____

Please enroll me as a ___ First Year Student ___ Second Year Student ___ Third Year Student

Association Status: ___ GBA Member/Associate Member ___ Non-Member Institution*

*Applicants from member banks of other state associations may attend the school at the member rate.

Applicant's Name: _____ Nickname (for badge): _____

Date of Birth: _____ Gender: _____

Current Position: _____

Bank: _____

Business Mailing Address: _____

City, State, Zip: _____

Business Phone: _____ Cell Phone: _____

Email: _____

Total Years in Banking

- ___ Less than 5 years
- ___ 5 - 10 years
- ___ 11+ Years

Total Assets of Bank

- ___ \$1 - \$150 M
- ___ \$151 M - \$1.5 B
- ___ Over \$1.5 B

Educational Background

- ___ High School/GED
- ___ Bachelor's Degree
- ___ Master's Degree

Primary Banking Experience

- ___ Accounting
- ___ Auditing
- ___ Branch Banking Lending
- ___ Branch Banking Sales
- ___ Commercial Lending

- ___ Compliance
- ___ Consumer Lending
- ___ Credit Analysis
- ___ Data Processing
- ___ Information Technology

- ___ Marketing
- ___ Operations
- ___ Personnel/HR
- ___ Regulatory Agency
- ___ Security

Please indicate below how you acquired a basic knowledge and understanding in the following areas:

Accounting (Basic concepts including the accounting cycle, special journals and subsidiary ledgers, payroll records and procedures, reporting operations results, the accrual basis of accounting; partnership and corporate accounting)

Check one or both: College Courses AIB
(classroom or online)
Specify Courses or Educational Activities: _____

Principles of Banking (Basic concepts on history, economic and community environment of banking, documents and the language of banking, bank services, deposit function, check processing and collection, bank bookkeeping, bank loans and investments, trust department services, specialized services, bank regulations and examinations)

Check one or both: College Courses AIB
(classroom or online) _____
Specify Courses or Educational Activities: _____

Other Relevant Educational or Training Experience (Specify): _____

Housing Information

Please indicate housing preference and requests below. Two students will be assigned per room. You may note a roommate request or GBA will assign a roommate to you. You may request a single room for a flat \$375 surcharge. **The UGA Conference Hotel is a non-smoking hotel.**

I would like to share a room with: _____

Assign a roommate to me (double beds). Reserve a single room for me for an additional \$375.

Check all dietary restrictions or allergies. Kosher meals are not available.

Vegetarian Nuts Dairy Pork Shellfish Gluten/Wheat

Special hotel requests: _____

In compliance with the Americans with Disabilities Act of 1990, the Georgia Bankers Association will make all reasonable efforts to accommodate persons with disabilities at its programs. Contact Kathy Friestad at kfriestad@gabankers.com or 404.420.2024, with your request.

Nominating Officer Information (required for admission)

Nominating Officer Name: _____ Title: _____

Business Phone: _____ Email: _____

Tuition Payment Information

Circle appropriate yearly tuition and single room surcharge (if applicable) and total amount due. Please note payment method. Submit completed application via mail if paying by check to GBA, 50 Hurt Plaza, Suite 1050, Atlanta, GA 30303. If requesting your bank to be invoiced for your tuition, you may email your application to Angela Barber, GBA registrar, at abarber@gabankers.com. **First-year students may apply and pay in full by Jan.16, 2015, and receive the early bird discount. Application deadline is April 17, 2015.**

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First Year Student	\$1,750	\$1,875
Second Year Student	\$1,875	\$1,875
Third Year Student	\$1,875	\$1,875
Single Room Surcharge	\$ 375	\$ 375
Total Amount Due:		

Payment Method: Check enclosed (payable to Georgia Bankers Association) Invoice my bank

I understand that, to qualify for graduation, I will be expected to attend all scheduled classes, prepare all assigned work, participate in classroom sessions, and satisfactorily complete all assigned home study problems. I hereby authorize the release of my grade to the GBA and my bank's CEO and/or nominating officer. This information is to be treated as part of my confidential personnel file.

Applicant's Signature: _____ Date: _____

Nominating Officer Signature: _____ Date: _____