

**OPE ID:** 02577900  
Your Change of Ownership  
application has been submitted.

**School Name:** Santa Barbara Business College  
5300 California Avenue  
Bakersfield, CA

## Electronic Application

### Section A. Please answer these general questions.

1. Tell us why you are submitting the application.  
Change of Ownership  
Preacquisition Review
2. What is the name of your institution?  
Santa Barbara Business College
- 3a. Do you have another name such as trade name or d/b/a name under which you legally do business as a postsecondary educational institution?  
No
- 3b. During the past four years, have you had another name that you have not previously reported to the Department of Education?  
No
4. Check here if you are an institution resulting from a merger in the past four years that you have not previously reported to the Department of Education, and give the OPE ID numbers of the former (pre-merger) institutions.
5. What is your 8-digit OPE ID number?  
02577900
- 6a. What is your 9-digit Tax Identification Number (TIN) assigned by the IRS?  
952742708
- 6b. What is your 9-digit DUNS number?  
193291531
7. What was your most recently completed award year?  
Beginning Date: 07/01/2018  
Ending date: 06/30/2019
8. What is your current award year?  
Beginning Date: 07/01/2019  
Ending date: 06/30/2020
9. Does your institution have a website (or home page) on the Internet?  
www.sbbcollege.edu
10. Who is your chief executive officer (CEO)/president/chancellor?

<b>Name</b>	Mr. Michael D. Perry
<b>Job title</b>	Chief Executive Officer
<b>Business address</b>	3828 West Caldwell Avenue Visalia, CA 93277
<b>Telephone number</b>	(559) 734-9000
<b>Fax number</b>	
<b>E-mail address</b>	CEO@embered.com

11. Who is chief your fiscal officer/financial officer?

<b>Name</b>	Mr. Russell E. Lebo
<b>Job title</b>	Chief Financial Officer
<b>Business address</b>	3828 West Caldwell Avenue Visalia, CA 93277
<b>Telephone number</b>	(559) 734-9000
<b>Fax number</b>	
<b>E-mail address</b>	rusl@embered.com

12. Who is your chief financial aid director?

<b>Name</b>	Mr. Kevin Robinson
<b>Job title</b>	Vice President of Student Financial Services
<b>Business address</b>	3828 West Caldwell Avenue Visalia, CA 93277

<b>Telephone number</b>	(559) 734-9000
<b>Fax number</b>	
<b>E-mail address</b>	kevinr@embered.com

13. To whom do you wish us to send all ongoing correspondence and publications concerning federal student financial aid?

Check here if this is the same person as in Question 12.

14. Whom should we contact if we have questions about information in this form?

<b>Name</b>	Mr. Robert Hendrickson
<b>Job title</b>	VP of Compliance and Regulatory Affairs
<b>Business address</b>	3828 West Caldwell Avenue Visalia, CA 93277
<b>Telephone number</b>	(559) 734-9000
<b>Fax number</b>	
<b>E-mail address</b>	Robert.Hendrickson@embered.com

### Section B. Please tell us about your accreditation and state authorization to provide postsecondary education.

15. What is your accrediting agency?

Accreditor Abbreviation	Name of Accreditor	Year Last Accredited	Number of Years	Primary Accreditor	Institution-wide/ Programmatic	End Date
ACICS	Accrediting Council for Independent Colleges and Schools	2016	6	Yes	Institution-wide	

16.  Check here if you do **not** offer a flight program.

If you offer a flight program, provide your certification number from the U.S. Federal Aviation Administration (FAA).

Number                      Date FAA certification expires

17. What state agencies authorize or license you to provide postsecondary educational programs? (For this question, do not include educational programs that are provided at "distance learning" sites.)

- Check here if you are a public institution and do **not** provide at least 50% of an educational program outside your state.
- Check here if you are a public institution and you **do** provide at least 50% of an educational program outside your state and list (for each state other than your "home" state) each state agency that licenses you, or otherwise provides you with legal authority, to provide postsecondary educational programs.
- Check here if you are a private institution and list each state agency that licenses you, or otherwise provides you with legal authority, to provide postsecondary educational programs.
- Check here if you or your programs are not required to be authorized or licensed by a state agency.

Name and Address of Agency	Telephone/ Fax	E-mail Address	End Date
CA Bureau for Private Postsecondary Education P.O. Box 980818 2535 Capitol Oaks Drive, Suite 400 Sacramento, CA 95798-0818	(916) 431-6959 (916) 263-1897	bppe@dca.ca.gov	

### Section C. Please describe your institutional control and structure.

18. Check your type of institutional structure.

Public institution

Private nonprofit 501(c)(3) institution

For-profit institution

Foreign institution (check one)

Public institution

Private non-profit institution

For-profit institution

19. Check here if this is a request for initial certification.

For all other institutions, since you were last certified to participate in federal student financial aid programs, has your institutional structure changed?

No

If yes, give the date of change.

20. Check here if you have a board of trustees.

Check here if you have a board of directors.

Check here if you have more than 10 on your board, list only the board's executive committee, and provide the name of a contact person in Question 21.

Name	End Date
Mr. Dean Johnston	11/04/2019
Mr. Robert F. Perry	
Mr. Matthew Johnston	11/04/2019
Mr. Bradley Wong	11/04/2019
Mr. Mark A. Perry	
Mr. Michael D. Perry	
Ms Andrea E. Georges	06/30/2010

21. If you provide only the board's executive committee in Question 20, tell us who is the appropriate person to contact for further information about your board (for example, the board's recording secretary)?

Check here if this is the same person as in Question 10.

**Section D. If you are a for-profit institution, or are a not-for-profit institution with a change in control, please answer these questions. (This includes for-profit foreign graduate medical schools.)**

22. Check type of ownership you have.

Corporation - publicly traded

Corporation - not publicly traded

Partnership

Proprietorship

23 and 24. Provide information for each person or entity that directly or indirectly owns a 25% or greater interest in your institution.

Owner Name, Address, Type of Ownership,	TIN	Level	Start Date	%	Telephone Fax Email	Agent Name and Address	End Date
Sanbarcollbuscom, Inc. 5777 Olivas Park Drive, Suite A Suite #A Ventura, CA 93003 Type: Subchapter S Corporation	952742708	1	01/01/1976	100	(805) 339-6370 1130  MattJ@SBBCollege.edu	Santa Barbara Business College Chief Executive Officer 5777 Olivas Park Drive, Suite A Ventura, CA 93003 (805) 339-6370 1130  DeanJ@SBBCollege.edu	11/04/2019
Mr. Dean Johnston 5777 Olivas Park Drive, Suite A Ventura, CA 93003 Type:		2	06/30/2010	49	(805) 339-6370 1130 (805) 339-6376 Deanj@SBBCollege.edu		11/04/2019
Wallace Wong Children's Revocable Family Trust 31752 South Coast Highway Suite 200 Laguna Beach, CA 92651 Type: Voting Trust	276841923	2	09/14/2010	51	(949) 499-8500	Brad Wong  31752 South Coast Highway Suite 200 Laguna, CA 92651 (949) 499-8500	11/04/2019
San Joaquin Valley College, Inc 3828 West Caldwell Avenue Visalia, CA 93277 Type: Subchapter S Corporation	942589126	1	11/04/2019	100	(559) 734-9000	San Joaquin Valley College Inc CFO 3828 West Caldwell Avenue Visalia, CA 93277 (559) 734-9000  RussL@embered.com	
Mr. Mark A. Perry 3828 West Caldwell Avenue		2	05/01/1995	45	(559) 734-9000		

Visalia, CA 93277 Type:					markp@sjvc.edu		
Mr. Michael D. Perry 3828 West Caldwell Avenue Visalia, CA 93277 Type:		2	05/01/1995	45	(559) 734-9000 ceo@sjvc.edu		
Aaron Perry 3828 West Caldwell Avenue Visalia, CA 93277 Type:		2	12/30/2009	2.5	(559) 734-9000 President@sjvc.edu		
Alyssa Perry 3828 West Caldwell Avenue Visalia, CA 93277 Type:		2	12/30/2009	2.5	(559) 734-9000 President@sjvc.edu		
Mr. Joshua Perry 3828 West Caldwell Avenue Visalia, CA 93277 Type:		2	12/30/2009	1.67	(559) 734-9000 President@sjvc.edu		
Mr. Kristopher Perry 3828 West Caldwell Avenue Visalia, CA 93277 Type:		2	12/30/2009	1.67	(559) 734-9000 President@sjvc.edu		
Miss Stephanie Perry 3828 West Caldwell Avenue Visalia, CA 93277 Type:		2	12/30/2009	1.67	(559) 734-9000 President@sjvc.edu		

25. Has a person or entity listed in Question 24 or a member of that person's family or a director of your institution owned 25% or more or held a position listed below of another institution that is now participating in or ever participated in federal student financial aid programs or of a third-party servicer listed in Question 58?

The ownership could be:

- individual *or*
- held by with one or more family members, *or*
- in combination with others, such as a voting trust.

The position held at another institution could be any of the following:

- member of the board of directors, *or*
- chief executive officer, *or*
- other executive officer, general partner or director of the institution or servicer.

**Yes**

If yes, what is the name of the owner (either the name of a person or an entity) or the director?

If applicable, what is the name of the third-party servicer that is or was owned?

If applicable, what is the name of the institution that is or was owned?

If applicable, what is the current or former OPE ID of this institution?

Is there any liability currently owed to the Department that was established during the period of ownership or position held? Please explain in Section K, Question 69.

Owner Name	Third-party Servicer	Institution Name	OPE ID	Liab Owed	End Date
San Joaquin Valley College, Inc.		San Joaquin Valley College - Visalia	02120700	N	
San Joaquin Valley College, Inc.		San Joaquin Valley College - Bakersfield	02313500	N	03/06/2001
San Joaquin Valley College, Inc.		Carrington College - Sacramento	00974800	N	
San Joaquin Valley College, Inc.		Carrington College - Phoenix	02100600	N	
San Joaquin Valley College, Inc.		Carrington College - Portland	03042500	N	
San Joaquin Valley College, Inc.		Carrington College - Boise	02218000	N	
San Joaquin Valley College, Inc.		Santa Barbara Business College - Santa Maria	02578000	N	
Mark A Perry		San Joaquin Valley College - Visalia	02120700	N	
Mark A Perry		San Joaquin Valley College - Bakersfield	02313500	N	03/06/2001

Mark A Perry		Carrington College - Sacramento	00974800	N	
Mark A Perry		Carrington College - Phoenix	02100600	N	
Mark A Perry		Carrington College - Portland	03042500	N	
Mark A Perry		Carrington College - Boise	02218000	N	
Mark A Perry		Santa Barbara Business College - Santa Maria	02578000	N	
Michael D Perry		San Joaquin Valley College - Visalia	02120700	N	
Michael D Perry		San Joaquin Valley College - Bakersfield	02313500	N	03/06/2001
Michael D Perry		Carrington College - Sacramento	00974800	N	
Michael D Perry		Carrington College - Phoenix	02100600	N	
Michael D Perry		Carrington College - Portland	03042500	N	
Michael D Perry		Carrington College - Boise	02218000	N	
Michael D Perry		Santa Barbara Business College - Santa Maria	02578000	N	
Wallace Wong Children's Revocable Family Trust		Santa Barbara Business College	00998900	N	11/04/2019
Wallace Wong Children's Revocable Family Trust		Santa Barbara Business College	02578000	N	11/04/2019
Sanbarcollbuscom,Inc		Santa Barbara Business College	00998900	N	11/04/2019
Sanbarcollbuscom,Inc		Santa Barbara Business College	02578000	N	11/04/2019
Mr. Dean Johnston		Santa Barbara Business College	00998900	N	11/04/2019
Mr. Dean Johnston		Santa Barbara Business College	02578000	N	11/04/2019

**Section E. Please provide the following information for each educational program that you are requesting be eligible to participate in federal student financial aid programs.**

26. Please check each box that describes the educational programs that you provide as of the date you submit this application or that you will provide during the current award year. **Provide information only on programs that you wish to be eligible for federal student financial aid.** (You may check more than one box.)
- associate degree programs
  - bachelor's degree programs
  - master's and/or doctoral degree programs
  - first professional degree programs  
Measure by direct assessment instead of clock or credit hours
  - graduate or professional programs
    - do not lead to a post-baccalaureate degree
    - are at least 10 weeks, and
    - provide at least 8 semester or trimester credit hours, 12 quarter credit hours, or 300 clock hours of instruction.
    - prepare students for gainful employment in a recognized occupation.
  - two-academic-year transfer programs
  - undergraduate programs that
    - lead to a certificate or other recognized educational credential,
    - prepare students for gainful employment in a recognized occupation,
    - are at least 15 weeks, and
    - provide at least 16 semester or trimester credit hours, 24 quarter credit hours, or 600 clock hours of instruction.
  - undergraduate programs that
    - lead to a certificate or other recognized educational credential,
    - prepare students for gainful employment in a recognized occupation,
    - are at least 10 weeks, and
    - provide at least 8 semester or trimester credit hours, 12 quarter credit hours, or 300 clock hours of instruction.

**AND**

- require an enrolling regular student to have an associate degree or higher degree.
- i. undergraduate programs that
    - lead to a certificate or other recognized educational credential,
    - prepare students for gainful employment in a recognized occupation.
    - are at least 10 weeks, and
    - provide at least 300 but not more than 599 clock hours of instruction.
    - do not exceed by more than 50% the minimum number of clock hours established by the state for such training programs, and
    - have been provided for at least one year.
  - j. Post-baccalaureate teacher certification program necessary to become a teacher in an elementary or secondary school in that state. Please refer to the [glossary](#) for more information about this program type.
  - k. Comprehensive Transition and Postsecondary Program (for students with intellectual disabilities - please refer to 34 C.F.R. 668.231 for information about the requirements of this program)  
Check here if you award an associate degree, bachelor's degree, or higher degree to all your students who successfully complete each of your programs.
27. Based on the boxes checked in Question 26, and your institution type, please provide the following information for the educational programs that you wish to be eligible for federal student financial aid.

## 27a. Associate degree programs.

Institution's Program Name	CIP Code	Date First Provided	# of weeks	Clock hours	Credit hours	Type	Disapproval/ End Date
Associate of Science Computer and Network Support	11.0101	09/05/2001	80	1150	90	Quarter	
Associate of Science Early Childhood Education	13.1210	08/03/2009	90	1080	94	Quarter	01/31/2017
Associate of Science Electronic Engineering Technology	15.0399	02/11/2019	80	1150	90	Quarter	10/27/2015
Associate of Science Paralegal Studies	22.0302	05/22/2003	80	1130	94	Quarter	
Associate of Science Criminal Justice	43.0109	05/22/2003	90	1080	94	Quarter	03/19/2019
Associate of Science Health Information Systems	51.0707	05/23/2011	90	1100	94	Quarter	01/31/2017
Associate of Science Medical Billing and Coding	51.0714	01/05/2015	90	1100	94	Quarter	
Associate of Science Medical Office Administration	51.0714	01/07/2019	80	1080	90	Quarter	
Associate of Science Medical Assisting	51.0801	09/05/2001	80	1130	90	Quarter	
Associate of Science Pharmacy Technology	51.0805	06/16/2003	90	1150	94	Quarter	04/13/2018
Associate of Science Business Administration	52.0302	09/05/2001	80	1090	94	Quarter	

## 27b. Bachelor's degree programs.

Institution's Program Name	CIP Code	Date First Provided	# of weeks	Clock hours	Credit hours	Type	Disapproval/ End Date
Bachelor of Science Criminal Justice	43.0112	06/27/2011	160	1980	182	Quarter	
Bachelor of Science Healthcare Administration	51.0711	06/27/2011	160	2000	182	Quarter	
Bachelor of Science Business Administration	52.0204	06/27/2011	160	1990	182	Quarter	

## 27c. Master's and/or doctoral degree programs.

Institution's Program Name	CIP Code	Date First Provided	# of weeks	Clock hours	Credit hours	Type	Disapproval/ End Date
Master of Business Administration	52.0201	01/07/2019	70	580	56	Quarter	

**27d. First Professional degree programs.****27e. Non-degree graduate programs.****27f. Two academic year transfer degree programs.**

27g. Undergraduate non-degree programs.

Institution's Program Name	CIP Code	Date First Provided	# of weeks	Clock hours	Credit hours	Type	Full Credit	Disapproval/ End Date
Desktop and Network Support	11.0301	07/01/1999	60	790	58	Quarter	Yes	10/27/2015
Computer Support Technician	11.1006	02/11/2019	40	610	42	Quarter	Yes	
Paralegal Studies	22.0302	05/01/2003	60	710	64	Quarter	Yes	04/02/2019
Fitness Training	31.0504	05/29/2007	50	740	29	Quarter	No	10/27/2015
Heating, Ventilation and Air Conditioning	47.0201	09/05/2016	40	665	26	Quarter	No	
Medical Billing and Coding	51.0710		40	690	54	Quarter	Yes	
Medical Office Administration	51.0714	01/07/2019	50	750	58	Quarter	Yes	
Medical Assisting	51.0801		50	740	54	Quarter	Yes	
Massage Therapy	51.3501	05/27/2008	40	640		Clock	No	10/27/2015
Vocational Nursing	51.3901	09/11/2006	60	1600	64	Quarter	No	
Office Administration	52.0302		60	730	58	Quarter	Yes	04/02/2019

27h. Short-term undergraduate non-degree programs.

27i. Comprehensive Transition and Post secondary programs.

28. Do you contract with an organization or ineligible institution (such as internship, externships, practicum in nursing, midwifery, medical technician, etc.) to provide more than 25% of any educational program?

No

**Section F. Please tell us about your locations.**

29. What is your principal location?

Santa Barbara Business College  
5300 California Avenue  
Bakersfield, CA 93309-1664

County: KERN

30. Provide the following information for your locations (other than your principal location) at which you provide educational programs to students whom you wish to participate in federal student financial aid programs.

OPE ID	Location Name and Address	County	DUNS	Disapproval/ Closure Date	Receive Mailings	Other Address
02577901	Santa Barbara Business College - Rancho Mirage 34275 Monterey Avenue Rancho Mirage, CA 92270-6030	RIVERSIDE	826402377		Yes	

**Section G. Please tell us about your tele/corr courses, your students enrolled under ability-to-benefit provisions, and your incarcerated students.**

31. Are any of your programs offered in whole or part by correspondence or telecommunications?

Yes

32 a. For the most recently completed award year, were more than 50% of your courses taught by means of correspondence?

**Note:** If a course is offered through traditional methods and through correspondence, then that course should be counted under other methods and correspondence. Therefore, the same course might be counted more than once.

No

32 b. For the most recently completed award year, were 50% or more of your regular students enrolled in correspondence courses?

No

33. During the most recently completed award year, were 50% or more of your regular students ability-to-benefit students?

**Note:** Do not include students who are being educated at your institution under a specific contract with federal, state, or local governments for training purposes (such as most contracts under the Job Training Partnership Act).

No

34. During the most recently completed award year, were 25% or more of your regular students incarcerated?

No

**Section H. Please complete this section if this is an initial application *or* you were certified but you have a change in your ownership *or* structure *or* you are seeking reinstatement.**

Check here if this is **not** an initial application or a change in ownership or structure or for reinstatement or for addition of a Title IV program.

35. Tell us why you are completing this section.

This is an initial application. Tell us on what date you were both legally authorized to provide and began continuously providing the educational training program for which you are seeking eligibility.

07/11/1982 **Note:** If you are a for-profit institution or if you offer a program of less than one academic year, you must have been in existence for at least two years to be eligible to participate in federal student financial aid programs.

If you are an institution *without* prior history, answer Questions 36, 37, and 38.

If you are an institution *with* prior history (for example, you have been in operation for one or two years), answer **all** the questions in this section.

You are an institution with a change in your ownership.

You are an institution that converted to a not-for-profit institution. Answer Questions 36, 37, and 38.

You are an institution that converted to a for-profit institution. Answer Questions 36, 37, and 38.

You are an institution resulting from a merger in the past four years. Answer Question 36, 37, and 38 about the newly founded institution, then go to Section I.

You are an institution seeking reinstatement. Answer all the questions in this section.

36. How many full-time equivalent (FTE) financial aid staff members do you have?

Administrative, counselors, and other professionals

FTE

Clerical

FTE

37. Indicate all of the federal student financial aid programs in which you are seeking approval to participate.

Federal Pell Grant Program

Federal Perkins Loan Program

Federal Supplement Educational Opportunity Grant (FSEOG) Program

**Federal Work-Study (FWS) Program**

Federal Work-Study-regular or general

Job Location and Development (JLD)

Private-Sector Employment

**Federal Family Education Loan (FFEL) Program**

Federal Stafford Loan Program

subsidized

unsubsidized

Federal PLUS Loan Program (parent loans)

**William D. Ford Federal Direct Loan Program (Direct Loan Program)**

Federal Direct Loan Program

subsidized

unsubsidized

Federal Direct PLUS Loan Program (parent loans)

38. Do you anticipate an increase of 10% or more in your student body in the next award year?

How many regular students do you estimate would be eligible to receive federal student financial aid for the remainder of the current award year and each of the next two award years if you become eligible to participate in federal student financial aid programs?

Estimated number for the remainder of the current award year

Estimated number for the next award year

Estimated number for the award year following the next award year



**Section I. If you are a foreign institution, please complete this section (this includes foreign graduate medical schools).****Section J. Please tell us about your third-party servicers, (which includes your Ability to Benefit Testers.)**

Check here if you do **not** contract with a third-party or outside servicer.

58. If you contract with any third-party servicer or outside party to perform any function related to federal student financial aid programs, provide the following information about each servicer.

Servicer Name and Address	Contact Name and Title	Telephone/Fax	E-mail	Services Offered	End Date
Collegiate Admission and Retention 3553 Cahaba Beach Road Birmingham, AL 35242	Elizabeth Keifer Herron Solutions Executive			Other	
Educational Credit Management Corpo 111 South Washington Avenue Minneapolis, MN 55401	Nathan Vickery Director, Call Center Operations			Counseling/Providing Information for Students	
Larry Israelson 1306 North Columbus Avenue Glendale, CA 91202		(818) 939-8787		Other	
UNISA 7400 W. Arapahoe Road Englewood, CO 80112		(800) 875-8910	elijah.rodriquez@unisainc.com	Performing Loan Servicing, Performing Loan Collection	
VeriTax 30 Executive Park - Suite 200 Irvine, CA 92614				Other	

58b. Please identify your Ability To Benefit Tester(s).

Combined English Language Skills Assessment(CELSA)

Wonderlic Basic Skills Test (WBST)

Spanish Wonderlic Basic Skills Test (Spanish WBST)

ACCUPLACER

**Section K. Please assure us of your administrative capability and your financial responsibility.**

59. Do you have a system of internal checks and balances for administering federal student financial aid that meets federal regulations? (See 34 CFR 668.16.)  
Yes
60. Do you divide the functions of determining student awards and disbursing funds that result from those award decisions? (See 34 CFR 668.16.)  
Yes
61. Do you have procedures that ensure frequent, periodic reconciliation of fiscal office and financial aid office award data? (See 34 CFR 668.14, 668.16, 668.24, 674.19, 675.19, 676.19, and 690.81.)  
Yes
62. Do you have a system to identify and resolve discrepancies in information you receive from various sources about a student's application for financial aid? (See 34 CFR 668.16.)  
Yes
63. Do you have a policy that meets federal regulations for requiring satisfactory academic progress for recipients of federal student financial aid? (See 34 CFR 668.16 and 668.34.)  
Yes
64. Do you have procedures that ensure that your requests for federal cash do not exceed the amount of funds you need immediately to make aid disbursements to students? (See 34 CFR 668.163.)  
Yes
65. Do you have a policy that meets federal regulations for refunding Title IV funds when a student withdraws from classes? (See 34 CFR 668.22.)  
Yes
- 66a. Have you submitted your required annual financial statement audits to us on time? (For initial applicants, have you established a process to ensure that you submit your required annual financial statement audit to us on time?) (See 34 CFR 668.23.)  
Yes

- 66b. Have you submitted your required annual federal student financial aid compliance audits to us on time? (For initial applicants, have you established a process to ensure that you submit your required annual federal student financial aid compliance audit to us on time?) (See 34 CFR 668.23.)  
Yes
67. Do you use the electronic processes required by the Secretary? (See 34 CFR 668.16.)  
Yes
68. Do you have a process to insure you obtain the necessary approvals from the Department for expanding or re-establishing your institutional eligibility, (such as changes of ownership resulting in a change of control, excluded changes in ownership, or adding new locations in certain circumstances), and that you notify us within 10 days about other important changes (such as changing your name, address or official)? (See 34 CFR 600.10, 600.20 and 600.21)  
Yes
69. Use this area if you need extra space to tell us about any unusual circumstances or to provide additional explanations about your application. On September 25, 2019, the current and proposed owners of Santa Barbara Business College spoke with Erik Fosker of ED and communicated their desire to proceed with an Abbreviated Pre-Acquisition Review (APAR). Accordingly, the parties requested that ED forgo sending an Abbreviated Pre-Acquisition Review Option letter, and instead immediately commence with the APAR. To facilitate this effort, the parties are supplying with the preacquisition review application the expanded set of documents they understand are required in connection with an APAR. Finally, we also offer here the additional notes: Question 20: We have end-dated all SBBC Board members and have added the new Board members that will assume their responsibilities following the change of ownership. Questions 23/24: We have end-dated the current operating company information (Sanbarcollbuscom, Inc.) as of the anticipated date of close, which is November 4, 2019. We also have supplied the requisite information for the entities and persons who will comprise the new ownership structure. Question 35: The answer to this question is  $\checkmark$  You are an institution with a change in your ownership. Answer Questions 36, 37, and 38.  $\checkmark$  We have attempted to select this item on several occasions, taking care to save our changes, but the E-App will not retain the selection. Question 36: The answer to this question is [3] FTE Administrative, counselors, and other professionals, and [0] FTE Clerical. We have attempted to input this information, taking care to save our changes, but the E-App will not retain the data. Question 38: The institution does not expect an increase of 10% or more in our student body in the next award year. In fact, the institution is intentionally implementing a contraction strategy while it develops new programs and reevaluates campus operations. We estimate [365] regular students will be eligible to receive federal student financial aid for the remainder of the current award year (19-20), [130] will be so eligible for the next award year (20-21), and [20] will be so eligible for the award year following the next award year (21-22). We have attempted to input this information, taking care to save our changes, but the E-App will not retain the data.
70. Provide the following information for any person or firm outside your institution that you wish to designate as your agent to represent you in matters related to this application.
71. Reporting of Foreign Gifts, Contracts and Relationships.

## Section L. Please have the appropriate person in authority review, sign, and date this document.

Date

09/27/2019

Name of President/CEO/Chancellor

<b>Name</b>	Mr. Michael D. Perry
<b>Job title</b>	
<b>Business address</b>	3828 West Caldwell Avenue Visalia, CA 93277
<b>Telephone number</b>	(559) 734-9000
<b>Fax number</b>	
<b>E-mail address</b>	CEO@embered.com

## Section M. Please include copies of appropriate documents as part of your application.

Because Santa Barbara Business College has been designated as a Proprietary institution on this application, and because this application is for Change of Ownership, the following documents must be submitted in order to complete this application.

- Signature Page (Print [Section L](#) and sign it.)
- Current letter of accreditation and any attachments. (Please note: certificate is not sufficient.) The letter must list approvals of the non-degree programs.
- Valid state license or other authorization
- Audited financial statements for the two most recently completed fiscal years that are prepared in accordance with Generally Accepted Accounting Principles (GAAP) and audited in accordance with Generally Accepted Government Auditing Standards (GAGAS).
- Audited financial statements of the institution's new owner's two most recently completed fiscal years that are prepared in accordance with Generally Accepted Accounting Principles (GAAP) and audited in accordance with Generally Accepted Government Auditing Standards (GAGAS) or equivalent information for that owner that is acceptable to the Secretary.
- Same day balance sheet, audited in accordance with GAGAS, showing the financial condition of the institution after the change in ownership.  
**Note:** Financial statements and same day balance sheet are to be submitted via [eZ-audit](#). To access eZ-audit, you must register to receive a username and password. Registration instructions are posted on the eZ-Audit site.
- Default management plan: *Either*

**X** The default management plan recommended by the Secretary of Education (check this box, do not include the plan); *or*

A default management plan other than the plan recommended by the Secretary (enclose a copy of the plan).

The institution is exempt under 487(a)(14)(C) of the HEA from providing a default management plan.

Please provide the SSN and home address for each owner listed below, and submit it with your required supporting documents.

Name	SSN	Home Address
Mr. Mark A. Perry	_____	Street1 _____ Street2 _____ City _____ State _____ Zip _____ Zip+4 _____ Foreign Province _____ Foreign Country _____ Postal Code _____
Mr. Michael D. Perry	_____	Street1 _____ Street2 _____ City _____ State _____ Zip _____ Zip+4 _____ Foreign Province _____ Foreign Country _____ Postal Code _____
Aaron Perry	_____	Street1 _____ Street2 _____ City _____ State _____ Zip _____ Zip+4 _____ Foreign Province _____ Foreign Country _____ Postal Code _____
Alyssa Perry	_____	Street1 _____ Street2 _____ City _____ State _____ Zip _____ Zip+4 _____ Foreign Province _____ Foreign Country _____ Postal Code _____
Mr. Joshua Perry	_____	Street1 _____ Street2 _____ City _____ State _____ Zip _____ Zip+4 _____ Foreign Province _____ Foreign Country _____ Postal Code _____
Mr. Kristopher Perry	_____	Street1 _____ Street2 _____ City _____ State _____ Zip _____ Zip+4 _____ Foreign Province _____ Foreign Country _____ Postal Code _____
Miss Stephanie Perry	_____	Street1 _____ Street2 _____ City _____ State _____ Zip _____ Zip+4 _____ Foreign Province _____ Foreign Country _____ Postal Code _____

Send the signature page ([Section L](#)) and copies of required supporting documents to us. Regular mail/commercial overnight mail:

U.S. Department of Education, FSA  
School Eligibility Channel  
Integrated Partner Management  
830 First Street, NE  
Washington, DC 20202-5402

**Do not click the browser's Back button if you change your data.  
You must click the "OK/Save Data" button at the bottom of the page to save your changes.**

Section L (page 1 of 1) [Help](#)

OPE ID: 02577900

School Name:

Santa Barbara Business College

Your Change of Ownership  
application has been submitted.

5300 California Avenue  
Bakersfield, CA

## Section L. Please have the appropriate person in authority review, sign, and date this document.

I hereby certify that, to the best of my knowledge and belief, all information in this document is true and correct. I understand that if my institution provides false or misleading information, (a) the U.S. Department of Education may deny the institution's request for eligibility to participate in federal student financial aid programs and/or revoke eligibility once it has been granted and (b) the institution may be liable for all federal student financial aid funds it or its students received. I also understand that I may be subject to a fine of not more than \$25,000 or imprisonment of not more than five years, or both, for misinformation that is material to receipt and stewardship of federal student financial aid funds.

Signature of President/CEO/Chancellor

Date

09/27/2019 (mm/dd/yyyy format)

Name of institution

**Santa Barbara Business College**

Name of President/CEO/Chancellor

Check here if this is the same person as in Question 10 (Mr. Michael D. Perry). If not, complete the information below.

Prefix First name MI Last name Suffix

Job Title

Business street address

City

State Zip Zip+4

-

Foreign Province

Country

Postal Code

Telephone number (including area code)

()  -  ext:

Fax number (including area code)

()  -  ext:

Telephone Number

(Complete international telephone number)

Foreign fax

E-mail address

If you did **NOT** make any changes on this page, you may return to the [Index](#) to select another section of the application.

If you made changes on this page, please check the desired action below and then click on the "Save Data" button.

**You must click the "OK/Save Data" button to save your changes.**

**Please select one of the following 3 actions:**

- Check here if you are satisfied with your entries on this page.
- Check here to perform the action selected below even if there are edit errors on this page.

(Note: These errors must be corrected before you submit the application.)

- Check here if you do not want to update your data or start an application.  
(Use this option if all you wish to do is review your data.)
- 

**Where do you want to go next?**

- Redisplay this page  
 Continue to Section M  
 Go to Section   
 Return to Index  
 Submit the Application.

**After you finish your application, you MUST use the Application Submission page to submit it.**

or

Please  this page and submit it with the supporting documents listed in Section M.

Click here to [display your entire application](#) to print and keep it for your records.

**Do not click the browser's Back button if you change your data.  
You must click the "OK/Save Data" button at the bottom of the page to save your changes.**

**Section M** (page 1 of ) [Help](#)  
Your Change of Ownership  
application has been submitted.

**OPE ID:** 02577900

**School Name:** Santa Barbara Business College  
5300 California Avenue  
Bakersfield, CA

### Section M. Please include copies of appropriate documents as part of your application.

Because Santa Barbara Business College has been designated as a Proprietary institution on this application, and because this application is for Change of Ownership, the following documents must be submitted in order to complete this application.

- Signature Page (Print [Section L](#) and sign it.)
- Current letter of accreditation and any attachments. (Please note: certificate is not sufficient.) The letter must list approvals of the non-degree programs.
- Valid state license or other authorization
- Audited financial statements for the two most recently completed fiscal years that are prepared in accordance with Generally Accepted Accounting Principles (GAAP) and audited in accordance with Generally Accepted Government Auditing Standards (GAGAS).
- Audited financial statements of the institution's new owner's two most recently completed fiscal years that are prepared in accordance with Generally Accepted Accounting Principles (GAAP) and audited in accordance with Generally Accepted Government Auditing Standards (GAGAS) or equivalent information for that owner that is acceptable to the Secretary.
- Same day balance sheet, audited in accordance with GAGAS, showing the financial condition of the institution after the change in ownership.  
**Note:** Financial statements and same day balance sheet are to be submitted via [eZ-audit](#). To access eZ-audit, you must register to receive a username and password. Registration instructions are posted on the eZ-Audit site.
- Default management plan: *Either*

- The default management plan recommended by the Secretary of Education (check this box, do not include the plan); *or*
- A default management plan other than the plan recommended by the Secretary (enclose a copy of the plan); *or*
- The institution is exempt under 487(a)(14)(C) of the HEA from providing a default management plan.

Please check one of above choices, print this page to provide SSNs for the owners listed below, then [click here](#) to save your choice and you will be taken to the application submission page.

Please [Print](#) this page, provide the SSN for each owner listed below, and submit it with your required supporting documents.

Name	SSN	Home Address
Mr. Mark A. Perry	_____	Street1 _____ Street2 _____ City _____ State _____ Zip _____ Zip+4 _____ Foreign Province _____ Foreign Country _____ Postal Code _____
Mr. Michael D. Perry	_____	Street1 _____ Street2 _____ City _____ State _____ Zip _____ Zip+4 _____ Foreign Province _____ Foreign Country _____ Postal Code _____
Aaron Perry	_____	Street1 _____ Street2 _____ City _____ State _____ Zip _____ Zip+4 _____ Foreign Province _____ Foreign Country _____ Postal Code _____
Alyssa Perry	_____	Street1 _____ Street2 _____ City _____

	State _____ Zip _____ Zip+4 _____
	Foreign Province _____
	Foreign Country _____
	Postal Code _____
Mr. Joshua Perry _____	Street1 _____
	Street2 _____
	City _____
	State _____ Zip _____ Zip+4 _____
	Foreign Province _____
	Foreign Country _____
	Postal Code _____
Mr. Kristopher Perry _____	Street1 _____
	Street2 _____
	City _____
	State _____ Zip _____ Zip+4 _____
	Foreign Province _____
	Foreign Country _____
	Postal Code _____
Miss Stephanie Perry _____	Street1 _____
	Street2 _____
	City _____
	State _____ Zip _____ Zip+4 _____
	Foreign Province _____
	Foreign Country _____
	Postal Code _____

Click here to [display your entire application](#) to print and keep it for your records.

Send the signature page ([Section L](#)) and copies of required supporting documents to us. Regular mail/commercial overnight mail:

U.S. Department of Education, FSA  
School Eligibility Channel  
Integrated Partner Management  
830 First Street, NE  
Washington, DC 20202-5402



## Application for Approval to Participate in Federal Student Financial Aid Programs

School Eligibility Channel, U.S. Department of Education

### Application Submission

---

OPE ID: 02577900

School Name: Santa Barbara Business College

---

**Your Change of Ownership application has been received by the Department of Education.**

09/27/2019 06:35 pm Eastern Time

Refer to [Section M](#) for a list of all supporting documentation REQUIRED for this application which MUST be sent to ED separately.

Send the signature page ([Section L](#)) and copies of required supporting documents to us. Regular mail/commercial overnight mail:

U.S. Department of Education, FSA  
School Eligibility Channel  
Integrated Partner Management  
830 First Street, NE  
Washington, DC 20202-5402

We recommend that you retain proof of when you submit the application.

You need to provide a valid email address for notification of when the PPA and ECAR are ready. Please verify that the following email addresses are correct:

Robert Hendrickson, VP of Compliance and Regulatory Affairs [Robert.Hendrickson@embered.com](mailto:Robert.Hendrickson@embered.com)

Michael Perry, Chief Executive Officer [CEO@embered.com](mailto:CEO@embered.com)

Kevin Robinson, Vice President of Student Financial Services [kevinr@embered.com](mailto:kevinr@embered.com)

You can update the email addresses on [Section A - page 2](#).

The PPA and ECAR will be available on the [PPA Documents](#) page which is available from the Electronic Application [Index](#).

Refer to the [Application Status](#) page which is also available from the Electronic Application [Index](#) for information on the status of your application.

**OPE ID:** 02578000  
Your Change of Ownership  
application has been submitted.

**School Name:** Santa Barbara Business College  
303 East Plaza Drive  
Santa Maria, CA

## Electronic Application

### Section A. Please answer these general questions.

1. Tell us why you are submitting the application.  
Change of Ownership  
Preacquisition Review
2. What is the name of your institution?  
Santa Barbara Business College
- 3a. Do you have another name such as trade name or d/b/a name under which you legally do business as a postsecondary educational institution?  
No
- 3b. During the past four years, have you had another name that you have not previously reported to the Department of Education?  
No
4. Check here if you are an institution resulting from a merger in the past four years that you have not previously reported to the Department of Education, and give the OPE ID numbers of the former (pre-merger) institutions.
5. What is your 8-digit OPE ID number?  
02578000
- 6a. What is your 9-digit Tax Identification Number (TIN) assigned by the IRS?  
952742708
- 6b. What is your 9-digit DUNS number?  
057649493
7. What was your most recently completed award year?  
Beginning Date: 07/01/2018  
Ending date: 06/30/2019
8. What is your current award year?  
Beginning Date: 07/01/2019  
Ending date: 06/30/2020
9. Does your institution have a website (or home page) on the Internet?  
www.sbbcollege.edu
10. Who is your chief executive officer (CEO)/president/chancellor?

<b>Name</b>	Mr. Michael D. Perry
<b>Job title</b>	Chief Executive Officer
<b>Business address</b>	3828 West Caldwell Avenue Visalia, CA 93277
<b>Telephone number</b>	(559) 734-9000
<b>Fax number</b>	
<b>E-mail address</b>	CEO@embered.com

11. Who is chief your fiscal officer/financial officer?

<b>Name</b>	Mr. Russell E. Lebo
<b>Job title</b>	Chief Financial Officer
<b>Business address</b>	3828 West Caldwell Avenue Visalia, CA 93277
<b>Telephone number</b>	(559) 734-9000
<b>Fax number</b>	
<b>E-mail address</b>	RussL@embered.com

12. Who is your chief financial aid director?

<b>Name</b>	Mr. Kevin Robinson
<b>Job title</b>	Vice President of Student Financial Services
<b>Business address</b>	3828 West Caldwell Avenue Visalia, CA 93277

<b>Telephone number</b>	(559) 734-9000
<b>Fax number</b>	
<b>E-mail address</b>	kevinr@embered.com

13. To whom do you wish us to send all ongoing correspondence and publications concerning federal student financial aid?

Check here if this is the same person as in Question 12.

14. Whom should we contact if we have questions about information in this form?

<b>Name</b>	Mr. Robert Hendrickson
<b>Job title</b>	VP of Compliance and Regulatory Affairs
<b>Business address</b>	3828 West Caldwell Avenue Visalia, CA 93277
<b>Telephone number</b>	(559) 734-9000
<b>Fax number</b>	
<b>E-mail address</b>	Robert.Hendrickson@embered.com

**Section B. Please tell us about your accreditation and state authorization to provide postsecondary education.**

15. What is your accrediting agency?

Accreditor Abbreviation	Name of Accreditor	Year Last Accredited	Number of Years	Primary Accreditor	Institution-wide/ Programmatic	End Date
ACCSC	Accrediting Commission of Career Schools and Colleges	2018	5	Yes	Institution-wide	
ACICS	Accrediting Council for Independent Colleges and Schools	2016	6		Institution-wide	

16.  Check here if you do **not** offer a flight program.

If you offer a flight program, provide your certification number from the U.S. Federal Aviation Administration (FAA).

Number                      Date FAA certification expires

17. What state agencies authorize or license you to provide postsecondary educational programs? (For this question, do not include educational programs that are provided at "distance learning" sites.)

- a. Check here if you are a public institution and do **not** provide at least 50% of an educational program outside your state.
- b. Check here if you are a public institution and you **do** provide at least 50% of an educational program outside your state and list (for each state other than your "home" state) each state agency that licenses you, or otherwise provides you with legal authority, to provide postsecondary educational programs.
- c.  Check here if you are a private institution and list each state agency that licenses you, or otherwise provides you with legal authority, to provide postsecondary educational programs.
- d. Check here if you or your programs are not required to be authorized or licensed by a state agency.

Name and Address of Agency	Telephone/Fax	E-mail Address	End Date
CA Bureau for Private Postsecondary Education P.O. Box 980818 2535 Capitol Oaks Drive, Suite 400 Sacramento, CA 95798-0818	(916) 431-6959 (916) 263-1897	bppe@dca.ca.gov	

**Section C. Please describe your institutional control and structure.**

18. Check your type of institutional structure.

- Public institution
- Private nonprofit 501(c)(3) institution

- For-profit institution
- Foreign institution (check one)
  - Public institution
  - Private non-profit institution
  - For-profit institution

19. Check here if this is a request for initial certification.

For all other institutions, since you were last certified to participate in federal student financial aid programs, has your institutional structure

changed?

No

If yes, give the date of change.

20. Check here if you have a board of trustees.

Check here if you have a board of directors.

Check here if you have more than 10 on your board, list only the board's executive committee, and provide the name of a contact person in Question 21.

Name	End Date
Mr. Robert F. Perry	
Mr. Michael D. Perry	
Mr. Mark Perry	
Mr. Dean Johnston	11/04/2019
Mr. Matthew Johnston	11/04/2019
Mr. Bradley Wong	11/04/2019

21. If you provide only the board's executive committee in Question 20, tell us who is the appropriate person to contact for further information about your board (for example, the board's recording secretary)?

Check here if this is the same person as in Question 10.

**Section D. If you are a for-profit institution, or are a not-for-profit institution with a change in control, please answer these questions. (This includes for-profit foreign graduate medical schools.)**

22. Check type of ownership you have.

Corporation - publicly traded

Corporation - not publicly traded

Partnership

Proprietorship

23 and 24. Provide information for each person or entity that directly or indirectly owns a 25% or greater interest in your institution.

Owner Name, Address, Type of Ownership,	TIN	Level	Start Date	%	Telephone Fax Email	Agent Name and Address	End Date
San Joaquin Valley College, Inc 3828 West Caldwell Avenue Visalia, CA 93277 Type: Subchapter S Corporation	942589126	1	11/04/2019	100	(559) 734-9000	San Joaquin Valley College Inc CFO 3828 West Caldwell Avenue Visalia, CA 93277 (559) 734-9000  RussL@embered.com	
Mr. Mark A. Perry 3828 West Caldwell Avenue Visalia, CA 93277 Type:		2	05/01/1995	45	(559) 734-9000  markp@sjvc.edu		
Mr. Michael D. Perry 3828 West Caldwell Avenue Visalia, CA 93277 Type:		2	05/01/1995	45	(559) 734-9000  ceo@sjvc.edu		
Aaron Perry 3828 West Caldwell Avenue Visalia, CA 93277 Type:		2	12/30/2009	2.5	(559) 734-9000  President@sjvc.edu		
Alyssa Perry 3828 West Caldwell Avenue Visalia, CA 93277 Type:		2	12/30/2009	2.5	(559) 734-9000  President@sjvc.edu		
Mr. Joshua Perry 3828 West Caldwell Avenue Visalia, CA 93277 Type:		2	12/30/2009	1.67	(559) 734-9000  President@sjvc.edu		

Mr. Kristopher Perry 3828 West Caldwell Avenue Visalia, CA 93277 Type:		2	12/30/2009	1.67	(559) 734-9000 President@sjvc.edu		
Miss Stephanie Perry 3828 West Caldwell Avenue Visalia, CA 93277 Type:		2	12/30/2009	1.67	(559) 734-9000 President@sjvc.edu		
Sanbarcollbuscom, Inc. 5777 Olivas Park Drive, Suite A Suite #A Ventura, CA 93003 Type: Subchapter S Corporation	952742708	1	01/01/1976	100	(805) 339-6370 1130 MattJ@SBBCollege.edu	Santa Barbara Business College Chief Executive Officer 5777 Olivas Park Drive, Suite A Ventura, CA 93003 (805) 339-6370 1130 DeanJ@SBBCollege.edu	11/04/2019
Mr. Dean Johnston 5777 Olivas Park Drive, Suite A Ventura, CA 93003 Type:		2	06/30/2010	49	(805) 339-6370 1130 (805) 339-6376 Deanj@SBBCollege.edu		11/04/2019
Wallace Wong Children's Revocable Family Trust 31752 South Coast Highway Suite 200 Laguna Beach, CA 92651 Type: Voting Trust	276841923	2	09/14/2010	51	(949) 499-8500	Brad Wong  31752 South Coast Highway Suite 200 Laguna, CA 92651 (949) 499-8500	11/04/2019

25. Has a person or entity listed in Question 24 or a member of that person's family or a director of your institution owned 25% or more or held a position listed below of another institution that is now participating in or ever participated in federal student financial aid programs or of a third-party servicer listed in Question 58?

The ownership could be:

- individual *or*
- held by with one or more family members, *or*
- in combination with others, such as a voting trust.

The position held at another institution could be any of the following:

- member of the board of directors, *or*
- chief executive officer, *or*
- other executive officer, general partner or director of the institution or servicer.

**Yes**

If yes, what is the name of the owner (either the name of a person or an entity) or the director?

If applicable, what is the name of the third-party servicer that is or was owned?

If applicable, what is the name of the institution that is or was owned?

If applicable, what is the current or former OPE ID of this institution?

Is there any liability currently owed to the Department that was established during the period of ownership or position held? Please explain in Section K, Question 69.

Owner Name	Third-party Servicer	Institution Name	OPE ID	Liab Owed	End Date
San Joaquin Valley College, Inc.		San Joaquin Valley College - Visalia	02120700	N	
San Joaquin Valley College, Inc.		San Joaquin Valley College - Bakersfield	02313500	N	03/06/2001
San Joaquin Valley College, Inc.		Carrington College - Sacramento	00974800	N	
San Joaquin Valley College, Inc.		Carrington College - Phoenix	00974800	N	
San Joaquin Valley College, Inc.		Carrington College - Portland	03042500	N	
San Joaquin Valley College, Inc.		Carrington College - Boise	02218000	N	
San Joaquin Valley College, Inc.		Santa Barbara Business College - Bakersfield	02577900	N	
Mark A Perry		San Joaquin Valley College - Visalia	02120700	N	

Mark A Perry		San Joaquin Valley College - Bakersfield	02313500	N	03/06/2001
Mark A Perry		Carrington College - Sacramento	00974800	N	
Mark A Perry		Carrington College - Phoenix	02100600	N	
Mark A Perry		Carrington College - Portland	03042500	N	
Mark A Perry		Carrington College - Boise	02218000	N	
Mark A Perry		Santa Barbara Business College - Bakersfield	02577900	N	
Michael D Perry		San Joaquin Valley College - Visalia	02120700	N	
Michael D Perry		San Joaquin Valley College - Bakersfield	02313500	N	03/06/2001
Michael D Perry		Carrington College - Sacramento	00974800	N	
Michael D Perry		Carrington College - Phoenix	02100600	N	
Michael D Perry		Carrington College - Portland	03042500	N	
Michael D Perry		Carrington College - Boise	02218000	N	
Michael D Perry		Santa Barbara Business College - Bakersfield	02577900	N	
Wallace Wong Children's Revocable Family Trust		Santa Barbara Business College	00998900	N	11/04/2019
Wallace Wong Children's Revocable Family Trust		Santa Barbara Business College	02577900	N	11/04/2019
Sanbarcollbuscom, Inc		Santa Barbara Business College	02577900	N	11/04/2019
Mr. Wallace Wong		Santa Barbara Business College	02577900	N	09/14/2010
Mr. Dean Johnston		Santa Barbara Business College	02577900	N	11/04/2019
Sanbarcollbuscom, Inc		Santa Barbara Business College	00998900	N	11/04/2019
Mr. Wallace Wong		Santa Barbara Business College	00998900	N	09/14/2010
Mr. Dean Johnston		Santa Barbara Business College	00998900	N	11/04/2019
Sanbarcollbuscom, Inc		Santa Barbara Business College	03072700	N	03/19/1999
Mr. Wallace Wong		Santa Barbara Business College	03072700	N	03/19/1999

**Section E. Please provide the following information for each educational program that you are requesting be eligible to participate in federal student financial aid programs.**

26. Please check each box that describes the educational programs that you provide as of the date you submit this application or that you will provide during the current award year. **Provide information only on programs that you wish to be eligible for federal student financial aid.** (You may check more than one box.)
- associate degree programs
  - bachelor's degree programs
  - master's and/or doctoral degree programs
  - first professional degree programs
 

Measure by direct assessment instead of clock or credit hours
  - graduate or professional programs
    - do not lead to a post-baccalaureate degree
    - are at least 10 weeks, and
    - provide at least 8 semester or trimester credit hours, 12 quarter credit hours, or 300 clock hours of instruction.
    - prepare students for gainful employment in a recognized occupation.
  - two-academic-year transfer programs
  - undergraduate programs that
    - lead to a certificate or other recognized educational credential,
    - prepare students for gainful employment in a recognized occupation,
    - are at least 15 weeks, and
    - provide at least 16 semester or trimester credit hours, 24 quarter credit hours, or 600 clock hours of instruction.
  - undergraduate programs that

- lead to a certificate or other recognized educational credential,
- prepare students for gainful employment in a recognized occupation,
- are at least 10 weeks, and
- provide at least 8 semester or trimester credit hours, 12 quarter credit hours, or 300 clock hours of instruction.

**AND**

- require an enrolling regular student to have an associate degree or higher degree.

- i. undergraduate programs that
  - lead to a certificate or other recognized educational credential,
  - prepare students for gainful employment in a recognized occupation.
  - are at least 10 weeks, and
  - provide at least 300 but not more than 599 clock hours of instruction.
  - do not exceed by more than 50% the minimum number of clock hours established by the state for such training programs, and
  - have been provided for at least one year.
- j. Post-baccalaureate teacher certification program necessary to become a teacher in an elementary or secondary school in that state. Please refer to the [glossary](#) for more information about this program type.
- k. Comprehensive Transition and Postsecondary Program (for students with intellectual disabilities - please refer to 34 C.F.R. 668.231 for information about the requirements of this program)

Check here if you award an associate degree, bachelor's degree, or higher degree to all your students who successfully complete each of your programs.

27. Based on the boxes checked in Question26, and your institution type, please provide the following information for the educational programs that you wish to be eligible for federal student financial aid.

27a. Associate degree programs.

Institution's Program Name	CIP Code	Date First Provided	# of weeks	Clock hours	Credit hours	Type	Disapproval/ End Date
Associate of Science Network Systems Administration	11.0101	04/22/2013	90	1190	94	Quarter	04/13/2018
Associate of Science Early Childhood Education	13.1210	01/01/2010	90	1080	94	Quarter	11/24/2015
Associate of Science Electronic Engineering Technology	15.0499	05/27/2013	90	1140	90	Quarter	11/24/2015
Associate of Science Criminal Justice	43.0109	01/01/2001	90	1080	94	Quarter	01/30/2019
Associate of Science Health Information Technology	51.0707	01/01/2011	90	1100	94	Quarter	02/07/2017
Associate of Science Medical Office Administration	51.0714	01/07/2019	80	1080	90	Quarter	
Associate of Science Medical Billing and Coding	51.0714	01/05/2015	90	1100	94	Quarter	01/30/2019
Associate of Science Medical Assisting	51.0801	01/01/2001	80	1130	90	Quarter	
Associate of Science Pharmacy Technology	51.0805	01/01/2001	90	1150	94	Quarter	
Associate of Science Business Administration	52.0302	01/01/2001	90	1090	94	Quarter	

**27b. Bachelor's degree programs.**

Institution's Program Name	CIP Code	Date First Provided	# of weeks	Clock hours	Credit hours	Type	Disapproval/ End Date
Bachelor of Science Criminal Justice	43.0112	06/27/2011	160	1980	182	Quarter	
Bachelor of Science Healthcare Administration	51.0711	06/27/2011	160	2000	182	Quarter	04/13/2018
Bachelor of Science Business Administration	52.0204	06/27/2011	160	1990	182	Quarter	

**27c. Master's and/or doctoral degree programs.**

**27d. First Professional degree programs.****27e. Non-degree graduate programs.****27f. Two academic year transfer degree programs.**

27g. Undergraduate non-degree programs.

Institution's Program Name	CIP Code	Date First Provided	# of weeks	Clock hours	Credit hours	Type	Full Credit	Disapproval/ End Date
Heating, Ventilation, and Air Conditioning	47.0201	02/13/2017	40	665	26	Quarter	No	
Medical Office Administration	51.0710	01/01/1990	50	750	58	Quarter	Yes	
Medical Billing and Coding	51.0714	04/18/2016	40	690	54	Quarter	Yes	
Medical Assisting	51.0801	01/01/1992	50	730	54	Quarter	Yes	
Massage Therapy	51.3501	01/08/2007	40	640		Clock	No	11/24/2015
Vocational Nursing	51.3901	01/08/2007	60	1600		Clock	No	04/13/2018
Vocational Nursing	51.3901	07/01/2016	60	1600	64	Quarter	No	
Office Administration	52.0302	01/01/1980	60	730	58	Quarter	Yes	04/13/2018

27h. Short-term undergraduate non-degree programs.

27i. Comprehensive Transition and Post secondary programs.

28. Do you contract with an organization or ineligible institution (such as internship, externships, practicum in nursing, midwifery, medical technician, etc.) to provide more than 25% of any educational program?

No

**Section F. Please tell us about your locations.**

29. What is your principal location?

Santa Barbara Business College

303 East Plaza Drive

Santa Maria, CA 93454-6943

County: SANTA BARBARA

30. Provide the following information for your locations (other than your principal location) at which you provide educational programs to students whom you wish to participate in federal student financial aid programs.

**Section G. Please tell us about your tele/corr courses, your students enrolled under ability-to-benefit provisions, and your incarcerated students.**

31. Are any of your programs offered in whole or part by correspondence or telecommunications?

Yes

32 a. For the most recently completed award year, were more than 50% of your courses taught by means of correspondence?

**Note:** If a course is offered through traditional methods and through correspondence, then that course should be counted under other methods and correspondence. Therefore, the same course might be counted more than once.

No

32 b. For the most recently completed award year, were 50% or more of your regular students enrolled in correspondence courses?

No

33. During the most recently completed award year, were 50% or more of your regular students ability-to-benefit students?

**Note:** Do not include students who are being educated at your institution under a specific contract with federal, state, or local governments for training purposes (such as most contracts under the Job Training Partnership Act).

No

34. During the most recently completed award year, were 25% or more of your regular students incarcerated?

No

**Section H. Please complete this section if this is an initial application *or* you were certified but you have a change in your ownership *or* structure *or* you are seeking reinstatement.**



Check here if this is **not** an initial application or a change in ownership or structure or for reinstatement or for addition of a Title IV program.

35. Tell us why you are completing this section.

This is an initial application. Tell us on what date you were both legally authorized to provide and began continuously providing the educational training program for which you are seeking eligibility.

07/16/1980 **Note:** If you are a for-profit institution or if you offer a program of less than one academic year, you must have been in existence for at least two years to be eligible to participate in federal student financial aid programs.

If you are an institution *without* prior history, answer Questions 36, 37, and 38.

If you are an institution *with* prior history (for example, you have been in operation for one or two years), answer **all** the questions in this section.

You are an institution with a change in your ownership.

You are an institution that converted to a not-for-profit institution. Answer Questions 36, 37, and 38.

You are an institution that converted to a for-profit institution. Answer Questions 36, 37, and 38.

You are an institution resulting from a merger in the past four years. Answer Question 36, 37, and 38 about the newly founded institution, then go to Section I.

You are an institution seeking reinstatement. Answer all the questions in this section.

36. How many full-time equivalent (FTE) financial aid staff members do you have?

Administrative, counselors, and other professionals

FTE

Clerical

FTE

37. Indicate all of the federal student financial aid programs in which you are seeking approval to participate.

Federal Pell Grant Program

Federal Perkins Loan Program

Federal Supplement Educational Opportunity Grant (FSEOG) Program

**Federal Work-Study (FWS) Program**

Federal Work-Study-regular or general

Job Location and Development (JLD)

Private-Sector Employment

**Federal Family Education Loan (FFEL) Program**

Federal Stafford Loan Program

subsidized

unsubsidized

Federal PLUS Loan Program (parent loans)

**William D. Ford Federal Direct Loan Program (Direct Loan Program)**

Federal Direct Loan Program

subsidized

unsubsidized

Federal Direct PLUS Loan Program (parent loans)

38. Do you anticipate an increase of 10% or more in your student body in the next award year?

How many regular students do you estimate would be eligible to receive federal student financial aid for the remainder of the current award year and each of the next two award years if you become eligible to participate in federal student financial aid programs?

Estimated number for the remainder of the current award year

Estimated number for the next award year

Estimated number for the award year following the next award year

**Section I. If you are a foreign institution, please complete this section (this includes foreign graduate medical schools).**

**Section J. Please tell us about your third-party servicers, (which includes your Ability to Benefit Testers.)**

Check here if you do **not** contract with a third-party or outside servicer.

58. If you contract with any third-party servicer or outside party to perform any function related to federal student financial aid programs, provide the following information about each servicer.

Servicer Name	Contact Name	Telephone/	E-mail	Services	End
---------------	--------------	------------	--------	----------	-----

and Address	and Title	Fax		Offered	Date
Collegiate Admission and Retention 3553 Cahaba Beach Road Birmingham, AL 35242	Ms. Elizabeth Keifer Herron Solutions Executive			Other	
ECMC Solutions Corp 111 South Washington Ave Minneapolis, MN 55401	Mr. Nathan Vickery Director, Call Center Operations			Performing Loan Servicing	
Larry Israelson 1306 North Columbus Avenue Glendale, CA 91202		(818) 939-8787		Other	
UNISA 7400 W. Arapahoe Road Englewood, CO 80112	Mr. Matthew Chinn COO	(800) 875-8910	elijah.rodriquez@unisainc.com	Performing Loan Servicing, Performing Loan Collection	
VeriTax 30 Executive Park - Suite 200 Irvine, CA 92614	Ms. Tarinee Worth Office Manager			Other	

- 58b. Please identify your Ability To Benefit Tester(s).  
 Combined English Language Skills Assessment(CELSA)  
 Wonderlic Basic Skills Test (WBST)  
 Spanish Wonderlic Basic Skills Test (Spanish WBST)  
 ACCUPLACER

**Section K. Please assure us of your administrative capability and your financial responsibility.**

59. Do you have a system of internal checks and balances for administering federal student financial aid that meets federal regulations? (See 34 CFR 668.16.)  
 Yes
60. Do you divide the functions of determining student awards and disbursing funds that result from those award decisions? (See 34 CFR 668.16.)  
 Yes
61. Do you have procedures that ensure frequent, periodic reconciliation of fiscal office and financial aid office award data? (See 34 CFR 668.14, 668.16, 668.24, 674.19, 675.19, 676.19, and 690.81.)  
 Yes
62. Do you have a system to identify and resolve discrepancies in information you receive from various sources about a student's application for financial aid? (See 34 CFR 668.16.)  
 Yes
63. Do you have a policy that meets federal regulations for requiring satisfactory academic progress for recipients of federal student financial aid? (See 34 CFR 668.16 and 668.34.)  
 Yes
64. Do you have procedures that ensure that your requests for federal cash do not exceed the amount of funds you need immediately to make aid disbursements to students? (See 34 CFR 668.163.)  
 Yes
65. Do you have a policy that meets federal regulations for refunding Title IV funds when a student withdraws from classes? (See 34 CFR 668.22.)  
 Yes
- 66a. Have you submitted your required annual financial statement audits to us on time? (For initial applicants, have you established a process to ensure that you submit your required annual financial statement audit to us on time?) (See 34 CFR 668.23.)  
 Yes
- 66b. Have you submitted your required annual federal student financial aid compliance audits to us on time? (For initial applicants, have you established a process to ensure that you submit your required annual federal student financial aid compliance audit to us on time?) (See 34 CFR 668.23.)  
 Yes
67. Do you use the electronic processes required by the Secretary? (See 34 CFR 668.16.)  
 Yes
68. Do you have a process to insure you obtain the necessary approvals from the Department for expanding or re-establishing your institutional eligibility, (such as changes of ownership resulting in a change of control, excluded changes in ownership, or adding new locations in certain circumstances), and that you notify us within 10 days about other important changes (such as changing your name, address or official)? (See 34 CFR 600.10, 600.20 and 600.21)  
 Yes
69. Use this area if you need extra space to tell us about any unusual circumstances or to provide additional explanations about your application.  
 On September 25, 2019, the current and proposed owners of Santa Barbara Business College spoke with Erik Fosker of ED and communicated their desire to proceed with an Abbreviated Pre-Acquisition Review (APAR). Accordingly, the parties requested that ED forgo sending an

Abbreviated Pre-Acquisition Review Option letter, and instead immediately commence with the APAR. To facilitate this effort, the parties are supplying with the preacquisition review application the expanded set of documents they understand are required in connection with an APAR. Finally, we also offer here the additional notes: Question 20: We have end-dated all SBBC Board members and have added the new Board members that will assume their responsibilities following the change of ownership. Questions 23/24: We have end-dated the current operating company information (Sanbarcollbuscom, Inc.) as of the anticipated date of close, which is November 4, 2019. We also have supplied the requisite information for the entities and persons who will comprise the new ownership structure. Question 35: The answer to this question is  You are an institution with a change in your ownership. Answer Questions 36, 37, and 38.  We have attempted to select this item on several occasions, taking care to save our changes, but the E-App will not retain the selection. Question 36: The answer to this question is [1] FTE Administrative, counselors, and other professionals, and [0] FTE Clerical. We have attempted to input this information, taking care to save our changes, but the E-App will not retain the data. Question 38: The institution does not expect an increase of 10% or more in our student body in the next award year. In fact, the institution is intentionally implementing a contraction strategy while it develops new programs and reevaluates campus operations. We estimate [75] regular students will be eligible to receive federal student financial aid for the remainder of the current award year (19-20), [10] will be so eligible for the next award year (20-21), and [5] will be so eligible for the award year following the next award year (21-22). We have attempted to input this information, taking care to save our changes, but the E-App will not retain the data.

70. Provide the following information for any person or firm outside your institution that you wish to designate as your agent to represent you in matters related to this application.

71. Reporting of Foreign Gifts, Contracts and Relationships.

**Section L. Please have the appropriate person in authority review, sign, and date this document.**

Date  
09/27/2019

Name of President/CEO/Chancellor

<b>Name</b>	Mr. Michael D. Perry
<b>Job title</b>	
<b>Business address</b>	3828 West Caldwell Avenue Visalia, CA 93277
<b>Telephone number</b>	(559) 734-9000
<b>Fax number</b>	
<b>E-mail address</b>	CEO@embered.com

**Section M. Please include copies of appropriate documents as part of your application.**

Because Santa Barbara Business College has been designated as a Proprietary institution on this application, and because this application is for Change of Ownership, the following documents must be submitted in order to complete this application.

- Signature Page (Print [Section L](#) and sign it.)
- Current letter of accreditation and any attachments. (Please note: certificate is not sufficient.) The letter must list approvals of the non-degree programs.
- Valid state license or other authorization
- Audited financial statements for the two most recently completed fiscal years that are prepared in accordance with Generally Accepted Accounting Principles (GAAP) and audited in accordance with Generally Accepted Government Auditing Standards (GAGAS).
- Audited financial statements of the institution's new owner's two most recently completed fiscal years that are prepared in accordance with Generally Accepted Accounting Principles (GAAP) and audited in accordance with Generally Accepted Government Auditing Standards (GAGAS) or equivalent information for that owner that is acceptable to the Secretary.
- Same day balance sheet, audited in accordance with GAGAS, showing the financial condition of the institution after the change in ownership.  
**Note:** Financial statements and same day balance sheet are to be submitted via [eZ-audit](#). To access eZ-audit, you must register to receive a username and password. Registration instructions are posted on the eZ-Audit site.
- Default management plan: *Either*

The default management plan recommended by the Secretary of Education (check this box, do not include the plan); *or*

A default management plan other than the plan recommended by the Secretary (enclose a copy of the plan).

The institution is exempt under 487(a)(14)(C) of the HEA from providing a default management plan.

Please provide the SSN and home address for each owner listed below, and submit it with your required supporting documents.

Name	SSN	Home Address
Mr. Mark A. Perry	_____	Street1 _____ Street2 _____ City _____ State _____ Zip _____ Zip+4 _____ Foreign Province _____ Foreign Country _____ Postal Code _____

Mr. Michael D. Perry \_\_\_\_\_

Street1 \_\_\_\_\_  
Street2 \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ Zip+4 \_\_\_\_\_  
Foreign Province \_\_\_\_\_  
Foreign Country \_\_\_\_\_  
Postal Code \_\_\_\_\_

Aaron Perry \_\_\_\_\_

Street1 \_\_\_\_\_  
Street2 \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ Zip+4 \_\_\_\_\_  
Foreign Province \_\_\_\_\_  
Foreign Country \_\_\_\_\_  
Postal Code \_\_\_\_\_

Alyssa Perry \_\_\_\_\_

Street1 \_\_\_\_\_  
Street2 \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ Zip+4 \_\_\_\_\_  
Foreign Province \_\_\_\_\_  
Foreign Country \_\_\_\_\_  
Postal Code \_\_\_\_\_

Mr. Joshua Perry \_\_\_\_\_

Street1 \_\_\_\_\_  
Street2 \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ Zip+4 \_\_\_\_\_  
Foreign Province \_\_\_\_\_  
Foreign Country \_\_\_\_\_  
Postal Code \_\_\_\_\_

Mr. Kristopher Perry \_\_\_\_\_

Street1 \_\_\_\_\_  
Street2 \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ Zip+4 \_\_\_\_\_  
Foreign Province \_\_\_\_\_  
Foreign Country \_\_\_\_\_  
Postal Code \_\_\_\_\_

Miss Stephanie Perry \_\_\_\_\_

Street1 \_\_\_\_\_  
Street2 \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ Zip+4 \_\_\_\_\_  
Foreign Province \_\_\_\_\_  
Foreign Country \_\_\_\_\_  
Postal Code \_\_\_\_\_

Send the signature page ([Section L](#)) and copies of required supporting documents to us. Regular mail/commercial overnight mail:

U.S. Department of Education, FSA  
School Eligibility Channel  
Integrated Partner Management  
830 First Street, NE  
Washington, DC 20202-5402

**Do not click the browser's Back button if you change your data.  
You must click the "OK/Save Data" button at the bottom of the page to save your changes.**

Section L (page 1 of 1) [Help](#)

OPE ID: 02578000

School Name:

Santa Barbara Business College

Your Change of Ownership  
application has been submitted.

303 East Plaza Drive  
Santa Maria, CA

## Section L. Please have the appropriate person in authority review, sign, and date this document.

I hereby certify that, to the best of my knowledge and belief, all information in this document is true and correct. I understand that if my institution provides false or misleading information, (a) the U.S. Department of Education may deny the institution's request for eligibility to participate in federal student financial aid programs and/or revoke eligibility once it has been granted and (b) the institution may be liable for all federal student financial aid funds it or its students received. I also understand that I may be subject to a fine of not more than \$25,000 or imprisonment of not more than five years, or both, for misinformation that is material to receipt and stewardship of federal student financial aid funds.

Signature of President/CEO/Chancellor

Date

(mm/dd/yyyy format)

Name of institution

**Santa Barbara Business College**

Name of President/CEO/Chancellor

Check here if this is the same person as in Question 10 (Mr. Michael D. Perry). If not, complete the information below.

Prefix      First name      MI      Last name      Suffix

Job Title

Business street address

City

State    Zip      Zip+4

-

Foreign Province

Country

Postal Code

Telephone number (including area code)

()  -  ext:

Fax number (including area code)

()  -  ext:

Telephone Number

(Complete international telephone number)

Foreign fax

E-mail address

If you did **NOT** make any changes on this page, you may return to the [Index](#) to select another section of the application.

If you made changes on this page, please check the desired action below and then click on the "Save Data" button.

**You must click the "OK/Save Data" button to save your changes.**

**Please select one of the following 3 actions:**

- Check here if you are satisfied with your entries on this page.
- Check here to perform the action selected below even if there are edit errors on this page.

(**Note:** These errors must be corrected before you submit the application.)

- Check here if you do not want to update your data or start an application.  
(Use this option if all you wish to do is review your data.)
- 

**Where do you want to go next?**

- Redisplay this page  
 Continue to Section M  
 Go to Section   
 Return to Index  
 Submit the Application.

**After you finish your application, you MUST use the Application Submission page to submit it.**

or

Please  this page and submit it with the supporting documents listed in Section M.

Click here to [display your entire application](#) to print and keep it for your records.

**Do not click the browser's Back button if you change your data.  
You must click the "OK/Save Data" button at the bottom of the page to save your changes.**

**Section M** (page 1 of ) [Help](#)  
Your Change of Ownership  
application has been submitted.

**OPE ID:** 02578000

**School Name:** Santa Barbara Business College  
303 East Plaza Drive  
Santa Maria, CA

### Section M. Please include copies of appropriate documents as part of your application.

Because Santa Barbara Business College has been designated as a Proprietary institution on this application, and because this application is for Change of Ownership, the following documents must be submitted in order to complete this application.

- Signature Page (Print [Section L](#) and sign it.)
- Current letter of accreditation and any attachments. (Please note: certificate is not sufficient.) The letter must list approvals of the non-degree programs.
- Valid state license or other authorization
- Audited financial statements for the two most recently completed fiscal years that are prepared in accordance with Generally Accepted Accounting Principles (GAAP) and audited in accordance with Generally Accepted Government Auditing Standards (GAGAS).
- Audited financial statements of the institution's new owner's two most recently completed fiscal years that are prepared in accordance with Generally Accepted Accounting Principles (GAAP) and audited in accordance with Generally Accepted Government Auditing Standards (GAGAS) or equivalent information for that owner that is acceptable to the Secretary.
- Same day balance sheet, audited in accordance with GAGAS, showing the financial condition of the institution after the change in ownership.  
**Note:** Financial statements and same day balance sheet are to be submitted via [eZ-audit](#). To access eZ-audit, you must register to receive a username and password. Registration instructions are posted on the eZ-Audit site.
- Default management plan: *Either*

- The default management plan recommended by the Secretary of Education (check this box, do not include the plan); *or*
- A default management plan other than the plan recommended by the Secretary (enclose a copy of the plan); *or*
- The institution is exempt under 487(a)(14)(C) of the HEA from providing a default management plan.

Please check one of above choices, print this page to provide SSNs for the owners listed below, then [click here](#) to save your choice and you will be taken to the application submission page.

Please [Print](#) this page, provide the SSN for each owner listed below, and submit it with your required supporting documents.

Name	SSN	Home Address
Mr. Mark A. Perry	_____	Street1 _____ Street2 _____ City _____ State _____ Zip _____ Zip+4 _____ Foreign Province _____ Foreign Country _____ Postal Code _____
Mr. Michael D. Perry	_____	Street1 _____ Street2 _____ City _____ State _____ Zip _____ Zip+4 _____ Foreign Province _____ Foreign Country _____ Postal Code _____
Aaron Perry	_____	Street1 _____ Street2 _____ City _____ State _____ Zip _____ Zip+4 _____ Foreign Province _____ Foreign Country _____ Postal Code _____
Alyssa Perry	_____	Street1 _____ Street2 _____ City _____

	State _____ Zip _____ Zip+4 _____
	Foreign Province _____
	Foreign Country _____
	Postal Code _____
Mr. Joshua Perry _____	Street1 _____
	Street2 _____
	City _____
	State _____ Zip _____ Zip+4 _____
	Foreign Province _____
	Foreign Country _____
	Postal Code _____
Mr. Kristopher Perry _____	Street1 _____
	Street2 _____
	City _____
	State _____ Zip _____ Zip+4 _____
	Foreign Province _____
	Foreign Country _____
	Postal Code _____
Miss Stephanie Perry _____	Street1 _____
	Street2 _____
	City _____
	State _____ Zip _____ Zip+4 _____
	Foreign Province _____
	Foreign Country _____
	Postal Code _____

Click here to [display your entire application](#) to print and keep it for your records.

Send the signature page ([Section L](#)), and copies of required supporting documents to us. Regular mail/commercial overnight mail:

U.S. Department of Education, FSA  
School Eligibility Channel  
Integrated Partner Management  
830 First Street, NE  
Washington, DC 20202-5402



## Application for Approval to Participate in Federal Student Financial Aid Programs

School Eligibility Channel, U.S. Department of Education

### Application Submission

---

OPE ID: 02578000

School Name: Santa Barbara Business College

---

**Your Change of Ownership application has been received by the Department of Education.**

09/27/2019 06:44 pm Eastern Time

Refer to [Section M](#) for a list of all supporting documentation REQUIRED for this application which MUST be sent to ED separately.

Send the signature page ([Section L](#)) and copies of required supporting documents to us. Regular mail/commercial overnight mail:

U.S. Department of Education, FSA  
School Eligibility Channel  
Integrated Partner Management  
830 First Street, NE  
Washington, DC 20202-5402

We recommend that you retain proof of when you submit the application.

You need to provide a valid email address for notification of when the PPA and ECAR are ready. Please verify that the following email addresses are correct:

Robert Hendrickson, VP of Compliance and Regulatory Affairs [Robert.Hendrickson@embered.com](mailto:Robert.Hendrickson@embered.com)

Michael Perry, Chief Executive Officer [CEO@embered.com](mailto:CEO@embered.com)

Kevin Robinson, Vice President of Student Financial Services [kevinr@embered.com](mailto:kevinr@embered.com)

You can update the email addresses on [Section A - page 2](#).

The PPA and ECAR will be available on the [PPA Documents](#) page which is available from the Electronic Application [Index](#).

Refer to the [Application Status](#) page which is also available from the Electronic Application [Index](#) for information on the status of your application.