|  |
| --- |
| Staff Use Only: Eligible for Program: Yes[ ]  No[ ] Customer Enrolled Yes[ ]  No[ ] If not enrolled, why? |



 TENCO WORKFORCE DEVELOPMENT AREA

**SCHOLARSHIP/APPLICATION**

 **FOR ADULT, DISLOCATED WORKER,**

**AND YOUTH SERVICES**

Date: Training/Services Needed:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Last First Middle Maiden (if applicable)

 Gender: M\_\_\_ F \_\_\_ D.O.B. / / Age: Circle One: Single Married Separated Divorced

Address:

Street City State Zip County

Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2nd Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone #: E-Mail:

Name and Relationship of 2nd Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List the names, birth dates, and relationship of all persons living in your household (include yourself):

|  |  |  |
| --- | --- | --- |
| **Name** | **Birth Date** | **Relationship** |
|  |  |  |
|  |  |  |
|  |  |  |
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|  |  |  |
|  |  |  |

**INCOME:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Source of Income** | **Monthly Amount** | **Total Past 12 Months** | **Name of Employer** |
| Gross Wages of applicant |  |  |  |
| Miscellaneous Work |  |  |  |
| Net Farm Income |  |  |  |
| Pensions |  |  |  |
| Child Support |  |  |  |
| K-TAP/TANF |  |  |  |
| Food Stamps |  |  |  |
| Supplemental Security Income |  |  |  |
| Other (specify) |  |  |  |

## WORK HISTORY:

Please complete the history of the last three places of employment beginning with the most recent. Please circle a reason.

1. **Employer**   **Laid off/Terminated/Quit: Date:**

**Address**

**List Your Position**

**List Job Duties**

**Wage \_\_\_\_\_\_\_\_\_ hr. wk. mo. Average Hours Per Week:**  Phone Number:

**Beginning Date**   **Ending Date** **Supervisor**

**Reason for Leaving:**

1. **Employer**   **Laid off/Terminated/Quit: Date:**

**Address**

**List Your Position**

**List Job Duties**

**Wage \_\_\_\_\_\_\_\_\_ hr. wk. mo. Average Hours Per Week:**  Phone Number:

**Beginning Date**   **Ending Date** **Supervisor**

**Reason for Leaving:**

####

####

1. **Employer**   **Laid off/Terminated/Quit: Date:**

**Address**

**List Your Position**

**List Job Duties**

**Wage \_\_\_\_\_\_\_\_\_ hr. wk. mo. Average Hours Per Week:**  Phone Number:

**Beginning Date**   **Ending Date** **Supervisor**

**Reason for Leaving:**

**Have you been notified that you will be laid off?** [ ]  **Yes**  [ ]  **No Date Lay-Off to occur:** \_\_\_\_\_\_\_\_\_\_ **OR**

**Are you currently laid off from a previous job?** [ ]  **Yes** [ ]  **No Date of Lay-Off:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Is your spouse or significant other employed?** [ ]  Yes [ ]  No

**If yes, name and location of company, business or industry.**

**JOB SEARCH:**

Have you submitted an application to potential employers? [ ]  Yes [ ]  No

 If yes, complete the following information:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of Company** | **Position Applied For** | **Date** | **Were You Interviewed?** | **Outcome** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**EDUCATIONAL INFORMATION:**

|  |
| --- |
| Do you have a high school diploma? Yes [ ]  No[ ]  School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_GED? Yes [ ]  No[ ]  Year completed GED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Highest Grade Completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Are you currently attending classes at any post secondary training? Yes[ ]  No[ ] If yes, where? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Major or program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Have you ever received any post secondary, vocational, or college level training? Yes[ ]  No[ ] If yes, how many semesters or quarters have you completed? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dates of attendance: From\_\_\_\_\_\_\_\_\_\_\_\_ to\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_From what institution did you receive the prior training? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Did you receive a degree, diploma, certificate or license from your prior education? Yes[ ]  No[ ] If yes, please describe by type and purpose: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year attained: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ What was your cumulative grade point average at this institution? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Who referred you to our office? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**YOUTH INFORMATION:**

**Homeless individual and/or runaway youth:** (Is a person who lacks a fixed, regular, adequate night time residence) Yes[ ]  No[ ]

**Offender** (Is a person who either is or has been subject to any stage of the criminal justice process or requires assistance in overcoming barriers to employment resulting from a arrest or conviction) Yes[ ]  No[ ]

**Youth who needs additional assistance:** (Is a person between the ages of 14-24 who requires additional assistance to complete an educational program or to secure and hold employment) Yes[ ]  No[ ]

**School dropout:** Yes[ ]  No[ ]

## EQUAL OPPORTUNITY DATA:

To more closely monitor compliance with Equal Opportunity Laws, the following information is requested, but is optional:

Race Information:

[ ] White [ ] Black/African Amer. [ ] Asian [ ] American Indian/Alaskan Native

[ ] Native Hawaiian or Other Pacific Islander. [ ] Other

Ethnicity:

[ ] Hispanic or Latino [ ] Not Hispanic or Latino National Origin:

Do you acknowledge a disability? (mental or physical) [ ] Yes [ ] No Describe:

Have you ever been convicted of a misdemeanor or felony? [ ] Yes [ ] No Describe:

|  |
| --- |
| Veteran: [ ]  Yes [ ] No If Yes: [ ] Campaign [ ] Disabled [ ] Rec. Separated Spouse of a Veteran: [ ] Yes [ ] NoPost 9-11-2001 Veteran [ ] Yes [ ] No |

**I CERTIFY THAT THE INFORMATION I HAVE PROVIDED ON THIS DOCUMENT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**APPLICANT SIGNATURE DATE**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PARENT/GUARDIAN SIGNATURE DATE**

**(Required if applicant is under 18 years old)**