|  |
| --- |
| 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** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**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 No  Post 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)**