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Watertown, NY 13601
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A proud partner of the American Job Center network

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Lowville, NY 13367
315-376-5800

APPLICATION FOR WIOA TRAINING GRANT

Applicant's Name: _____ Date of Birth: _____ Age: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Carrier: _____ Do you accept texts? Yes No

Is your voicemail set up? Yes No Email Address: _____

1) Are you a Veteran? Yes No **Or an Other Eligible spouse?** Yes No
Other Eligible: The spouse of a person who a) was killed in action or who died of a service-connected disability; b) is serving on active duty who is listed as 1. Missing in action, 2. Captured in the line of duty, or 3. Forcibly interned in the line of duty for a total of 90 days or more; c) has a permanent total service-connected disability.

2) Are you currently receiving Unemployment Insurance? Yes No
If yes, when will your unemployment benefits be exhausted? _____

3) If currently employed, employer's name: _____
Job Title: _____ Hourly pay: _____ Hours per week: _____

Do you or have you owned your own business in the past 6 months? Yes No
If yes, please list gross revenue for the past 6 months: _____

4) How will you support yourself during training? _____

5) Do you have any of the following (please check all that apply):
 High school diploma/GED Associates degree Bachelor's degree Master's degree
 Occupational Certificate (Examples: CNA, LPN, Electrical, HVAC, Cosmetology, Office Studies, etc.)

If you answered yes to any of the above other than High School/GED, please list all degrees and/or certificates here: _____

6) What Course or Program are you requesting assistance with? _____
Training Facility: _____

Cost of the Training: \$ _____ Start Date: _____ End Date: _____

If currently in the training program, what was the start date: _____ Current GPA: _____

7) **Financial Aid:** If available for your training program, you must apply for financial aid and provide proof of award or denial before we can process your application.

Do you have any unpaid federal student loans? Yes No

If yes, are they in default? Yes No

8) **Members in the Household:** You must list every member living in the household starting with yourself. Income must be listed even if it is zero. If you need additional space, please use a separate sheet of paper.

Name	Relation	Monthly Income	Source of Income
	Self		

9) **Essay Requirements:** As part of the application packet, you are required to attach an essay that includes the information listed below. Failure to provide the required essay will disqualify your application.

1. What is your career goal, and what wage do you expect to earn after graduating?
2. List how many job openings there are within 50 miles that **require** this training, the average wage of these positions, and at least 3 companies that are currently hiring for these jobs.
3. What is your plan after completing this training, and where do you see yourself in 5 years?
4. Are you planning to move out of Jefferson/Lewis counties in the next 3 years? If yes, have you researched if this training is transferrable and in-demand in the area you are moving to?
5. If applying for a CDL-A grant, are you looking for over-the-road positions or jobs that will bring you home each night.

I hereby certify that to the best of my knowledge, the provided information is true and accurate, and that all information within is subject to review and verification. I am aware that falsification of any information on this application is grounds for immediate termination of funding. I further understand that I must agree to follow-up with the WorkPlace while in training and for 5 quarters (15 months) after completion of training, and that this is a requirement to receive funding. I allow the release of information included on this application to any necessary parties to confirm the information contained within. I understand that completion of this application does not guarantee I will be awarded a grant.

Applicant's Signature

Date

Coordinator's Signature

Date