

1000 Coffeen St
 Watertown, NY 13601
 315-786-3651



5274 Outer Stowe St
 Lowville, NY 13367
 315-376-5800

**APPLICATION FOR WIOA TRAINING SCHOLARSHIP
 (Ages 25 and older)**

Applicant's Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ 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: _____
- 4) Will you work while in training? Yes No
- 5) Are you receiving any of the following services? Cash Assistance Medicaid
 Food Stamps ACCES-VR
- 6) Members in the Household: Please list everyone in the household starting with yourself.

Name	Relation	Monthly Income	Source of Income (if employed)
	Self		

- 7) What is the highest level of education you have completed? _____
- 8) What is your career goal? _____
- 9) What wage do you expect to earn? _____

10) Training Information:

What Course or Program are you requesting funding for? _____

Training Facility: _____

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

Start date if currently in training program: _____ Current GPA: _____

11) Financial Aid: If available for your training program, you will need to apply for financial aid and provide proof of award or denial before The WorkPlace will be able to allocate funding.

Have you applied for? ___PELL ___TAP ___MyCAA

12) Please attach a brief summary of why you should be awarded a scholarship. Note: This is a **required** portion of the application.

I certify that the information provided is true to the best of my knowledge. I am also aware that the information I have provided is subject to review and verification, and I may have to provide documents to support this application. I am also aware that I am subject to immediate termination if I am found ineligible after enrollment and may be prosecuted for fraud and/or perjury. I will allow release of this information and the release of this application to parties involved that may be assisting in the application, certification, interview and/or school acceptance process.

I understand that completion of this application does not guarantee I will be awarded a scholarship.

Applicant's Signature

Date

Coordinator's Signature

Date