

**WORKFORCE SOLUTIONS OF WEST
CENTRAL TEXAS**
Financial Aid Application



APPLICANT INFORMATION					
Last Name	First	M.I.	Date of Birth	/	/
Street Address			Apartment/Unit #		
City	State		ZIP		
Primary Phone Number	Alternate Phone Number				
Email Address	Preferred Method of Contact (Circle): Email, Phone, Text, Mail				
Please provide contact information for 2 other individuals who can always contact you. In the case that we cannot reach you, we may contact them in our attempts to contact you.					
Name	Relationship		Phone		
Name	Relationship		Phone		
Are you registered with Selective Service? (applies only to males born after 1960)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>	If yes, list Selective Service Registration Number	
Have you ever been convicted of a misdemeanor or felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, which? Explain		
Have you or your spouse ever served in the military?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, who? List dates of service and branch information	I Served / My Spouse Served (Circle): Dates of Service- Branch-	
In the past 24 months, have you earned more than 1/2 your wages or spent more than 1/2 of your time working in farm or agricultural related work?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Have you ever been or are you currently in the foster care system?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are you currently working with any of our community partners (circle all that apply):	Vocational Rehabilitation, Adult Education and Literacy, MET, Other: Specify _____				
What is your highest level of education?					
Do you have any other certifications or credentials?	List:				

EMPLOYMENT INFORMATION

Were you or are you scheduled to be laid off or terminated from your previous/current employer?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, when and from where?	Are you currently receiving Unemployment Insurance?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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Are you currently employed?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, where?
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Complete the following employment history record starting with the most recent. Attach additional pages if more space is needed.

Company Name and Location	Dates of Employment	To
Job Title	Responsibilities	
Reason For Leaving		
Company Name and Location	Dates of Employment	To
Job Title	Responsibilities	
Reason For Leaving		
Company Name and Location	Dates of Employment	To
Job Title	Responsibilities	
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Reason For Leaving		
Company Name and Location	Dates of Employment	To
Job Title	Responsibilities	
Reason For Leaving		
Company Name and Location	Dates of Employment	To
Job Title	Responsibilities	
Reason For Leaving		

HOUSEHOLD AND INCOME INFORMATION

How many people live in your household?

What is your combined annual household income?

Please complete the following information for all members in your household (including yourself).

Name	Relationship	Age	Annual Income	Source of Income	Receives any type of public assistance: Such as SNAP (food stamps), TANF (cash assistance), SSI (Social Security Income), SSDI (Social Security Disability Insurance), etc.		
					<table border="1"> <tr> <td>YES <input type="checkbox"/></td> <td>NO <input type="checkbox"/></td> </tr> </table> <p>If Yes, WHICH? List all that apply:</p>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
YES <input type="checkbox"/>	NO <input type="checkbox"/>						
					<table border="1"> <tr> <td>YES <input type="checkbox"/></td> <td>NO <input type="checkbox"/></td> </tr> </table> <p>If yes, WHICH? List all that apply:</p>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
YES <input type="checkbox"/>	NO <input type="checkbox"/>						
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YES <input type="checkbox"/>	NO <input type="checkbox"/>						

Attach additional pages if more space is needed.

My plan to financially support my personal and/or household obligations while in training and remain a full-time student is as follows (BE SPECIFIC):

TRAINING PROGRAM AND CAREER CHOICE RESEARCH

Which training program are you requesting financial assistance for?	Name of Program	Provider Name and Location
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Have you already applied to the training provider?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If Yes, were you accepted?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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Have you already started the training program?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, what is your anticipated graduation date?
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Have you applied for a PELL Grant?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Program Not Pell Eligible <input type="checkbox"/>
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Have you applied for any other grants or scholarships?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, which?
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Have you applied for any student loans for this program?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, did you accept them?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Are you currently in default on any student loans (for this program or prior)?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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If you could work one job for the rest of your life, what would it be?
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*In order for us to ensure that the candidates we select successfully obtain employment in their desired career field following training, we ask that all applicants do some initial research on the career opportunities that they would be qualified for, willing to accept, and that may be available in their area after they complete their training programs. Utilizing Work In Texas (www.workintexas.com), collect information on a minimum of 3 jobs that you would be qualified for and interested in applying to **after the completion of training**. Complete the table below with the information that you collect. Contact Workforce Solutions staff if you need assistance identifying 3 job postings or need assistance with utilizing Work In Texas*

Job Posting ID #1:	Company Name & Position:	Location:	Starting Wage:	Minimum Education Required:	Minimum Experience Required:
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Does the company location and starting wage meet your needs?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Will you meet the minimum education and experience requirements?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Do you have any issues that may prohibit you from successfully completing a background and/or drug screen?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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Job Posting ID #2:	Company Name & Position:	Location:	Starting Wage:	Minimum Education Required:	Minimum Experience Required:
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Does the company location and starting wage meet your needs?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Will you meet the minimum education and experience requirements?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Do you have any issues that would prohibit you from successfully completing a background and/or drug screen?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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Job Posting ID #3:	Company Name & Position:	Location:	Starting Wage:	Minimum Education Required:	Minimum Experience Required:
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Does the company location and starting wage meet your needs?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Will you meet the minimum education and experience requirements?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Do you have any issues that would prohibit you from successfully completing a background and/or drug screen?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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After researching the career opportunities that you listed above, what do you identify as being the essential job duties for each of these 3 jobs?

After completion of your training program, do you anticipate that you will be able to perform the essential job duties for each of these 3 jobs with or without reasonable accommodation?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

I understand that false or misleading information in my application or interview may result in disqualification for financial aid consideration.

X:
SIGNATURE _____

DATE

FOR OFFICE USE ONLY:

TWIST ID: _____

DATE APPLICATION SUBMITTED: _____

APPLICATION RECEIVED BY: _____

Equal Opportunity Employer/Program Auxiliary aids and services are available upon request to individuals with disabilities.
Relay: 1-800-735-2989 (TTY) / 711 (Voice).

This service is funded in whole or in part with federal funds. More detailed information is located on the Board's website at
<http://workforcesystem.org/107/Public-Information>.

Este documento contiene información importante sobre los requisitos, los derechos, las determinaciones y las responsabilidades del acceso a los servicios del sistema de la fuerza laboral. Hay disponibles servicios de idioma, incluida la interpretación y la traducción de documentos, sin ningún costo y a solicitud.

OPTIONAL EO SURVEY FORM

THE INFORMATION REQUESTED ON THIS FORM IS OPTIONAL AND IS BEING COLLECTED FOR THE PRIMARY PURPOSE OF REPORTING TO FEDERAL AND EQUAL OPPORTUNITY REPORTING AGENCIES. WHILE WE REQUEST THAT YOU RESPOND TO EACH OF THE LINE ITEMS BELOW IN ORDER TO COMPLETE YOUR FULL APPLICATION, YOU MAY CHOOSE WHETHER OR NOT TO DISCLOSE INFORMATION BY SELECTING "PREFER NOT TO DISCLOSE" ON ANY OR ALL QUESTIONS

INFORMATION CONTAINED IN THIS SURVEY SHALL BE RETAINED IN SUCH A MANNER AS TO ENSURE CONFIDENTIALITY AND SHALL BE USED ONLY FOR PURPOSES OF RECORD KEEPING AND REPORTING WHERE APPROPRIATE FOR GRANT-FUNDED PROGRAMS OR ACTIVITIES. WORKFORCE SOLUTIONS OF WEST CENTRAL TEXAS IS AN EQUAL OPPORTUNITY EMPLOYER/PROGRAM AND DOES NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE, DISABILITY, POLITICAL AFFILIATION OR BELIEFS; OR AGAINST ANY BENEFICIARY OF, APPLICANT TO, OR PARTICIPANT IN PROGRAMS FINANCIALLY ASSISTED UNDER TITLE I OF THE WORKFORCE INNOVATION AND OPPORTUNITY ACT, ON THE BASIS OF THE INDIVIDUAL'S CITIZENSHIP STATUS OR PARTICIPATION IN ANY WIOA TITLE I-FINANCIALLY ASSISTED PROGRAM OR ACTIVITY.

Last Name		First		M.I.	Date of Birth	/	/
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Marital Status (Circle One)	Married	Single	Divorced	Widowed	Domestic Partnership	Prefer Not to Disclose
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Gender (Circle One)	Male	Female	Prefer Not to Disclose
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Race (Circle All That Apply)	White	Black or African American	American Indian or Alaskan Native	Asian	
	Hawaiian Native or Pacific Islander		Prefer Not to Disclose		

Ethnicity: Are you of Hispanic or Latino descent? (Circle One) YES NO Prefer Not to Disclose

Do you have a known disability? (Circle One) YES NO Prefer Not to Disclose

What is your primary/preferred language? (List here) _____ or (Circle) Prefer Not to Disclose

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

X: _____

SIGNATURE
DATE

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