

EDUCATIONAL TRAINING INFORMATION

Are you currently enrolled in school/training program? _____ Yes _____ No

Name of Institution: _____

What other types of training have you completed? (ex: typing, volunteer fire fighter, etc.)

Have you applied to the Adult Vocational Training program in the last 12 months? _____ Yes _____ No

Type of Training you are applying for:

_____ Vocational Skill Enhancement _____ Vocational Skill Licensure or Certification

Have you applied to the desired school or training program: _____ Yes _____ No

Application Date: _____/_____/_____

You must apply for Financial Aid with the intended Institution/Training Program. Would you like assistance in doing so?

Please check the answer that applies to your need:

_____ I have already applied for Financial Aid and will request that a copy be sent to you.

_____ I have not applied, but do not need assistance.

_____ I would like assistance with applying for Financial Aid.

_____ Institution/Training program does not have a Financial Aid program.

Budget

Cost of Course: _____

Total Amount Requested: _____

Enclosure of the requested information by the applicant is voluntary, but required to obtain benefit. The purpose of this information collection is to determine eligibility and appropriateness of services. The use of this information by the Education Department Employment & Training Staff is to evaluate the request and assist you before and during services provided. Failure to provide requested information may result in a delay or denial of your request for services. Portions or all of the information you have provided may be utilized in rendering services requested and the Education Department Employment & Training Staff may contact all appropriate professionals, institutions, agencies, and employers to gather and dispense relative information. The aforementioned information will be retained in strict confidence by the Education Department.

According to Part 25 of the Code of Federal Regulations Chapter 1, Section 26.5 applicants for this Program must declare a desire and intent to accept and retain full-time permanent employment after training is complete. Failure to do so may result in jeopardizing future funding under this program.

I have read the above statement. I hereby provide the required information and authorize the use of such information to the extent of the uses specified in the statement.

APPLICANT Signature

DATE

EMPLOYMENT & TRAINING STAFF Signature

DATE