



**GENESEE COUNTY CAREER CENTER
JOB DEVELOPMENT BUREAU**

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WIOA Training Scholarship Application Instructions

Attached is the Application required to apply for a WIOA Training Scholarship. In order to be considered for a scholarship, please complete all sections of the application and include the necessary attachments. Incomplete Applications will not be considered.

Your eligibility for a scholarship will be determined based on the information you provide here and your demonstrated need for training. Please complete all sections of this application and submit all required attachments. Incomplete applications will delay the processing of your application. We will determine your need for training, in part, based on your use of our services to attempt to obtain employment. It is strongly recommended that you document your job search efforts and the services you use in the Resource Room each time you visit the Career Center.

Please note:

There may be a wait before the next round of scholarship funding is available. The amount of time you may have to wait is dependent on the number of scholarship applicants ahead of you and the amount of funding we receive. Scholarships are not guaranteed; please continue to use the Resource Room in the meantime.

Please tear off this instruction page and keep; it is for your records. Return the completed WIOA Scholarship Application and Attachments to the reception desk.

Thank you.

Please Print Clearly

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WIOA Scholarship Application

PLEASE **PRINT CLEARLY** AND ANSWER **ALL** QUESTIONS

Name:	Date Submitted:
Address:	
Phone:	Email:
NY Registration Number:	Initial Registration Date:
Social Security Number:	If you are under 25, enter DOB:
Do you have a documented disability? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If Yes, provide details:	

Employment Information

Are you currently employed? Yes <input type="checkbox"/> No <input type="checkbox"/>
What is your current job title (or last job if unemployed)?
Current employer name (or last job if unemployed)
Rate of pay for current job (or last job if unemployed)
If you are unemployed, why did you leave your last job?
Are you currently receiving Unemployment Insurance payments? Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, how many weeks have you received?
Did you exhaust your Unemployment Insurance Claim? Yes <input type="checkbox"/> No <input type="checkbox"/>

Veteran Priority of Service

Veteran Status: Did you serve in the active military, naval, or air service? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, were you discharged or released under conditions other than Dishonorable? Yes <input type="checkbox"/> No <input type="checkbox"/>
Spouse of a Veteran: Are you married to a veteran? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, does your spouse have a total disability resulting from a service connected disability? Yes <input type="checkbox"/> No <input type="checkbox"/> Is your spouse listed as forcibly detained or interned by a foreign government or power, missing in action, or captured in the line of duty, and has been so listed for a total of more than 90 days? Yes <input type="checkbox"/> No <input type="checkbox"/>
Surviving Spouse of a Veteran: Are you the surviving spouse of a veteran? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, did your spouse die of a service connected disability? Yes <input type="checkbox"/> No <input type="checkbox"/> Did your spouse die while a total disability resulting from a service connected disability was in existence? Yes <input type="checkbox"/> No <input type="checkbox"/>

Optional Priority of Service

Public Assistance:

Are you receiving cash Public Assistance? Yes No

Low Income:

What is your household income for the last 12 months? _____ Family Size _____

Job Search Information

What are your greatest strengths and weaknesses?

If you are unemployed, why do you think you have not been hired? *Attach a copy of your job search contacts and results.

What training and education do you have?

List all job specific skills you have to offer employers right now. Use back of sheet if additional space is necessary.

Personal Inventory

Social Support: Are your family members supportive of your decision to seek training? Yes No
If no, how will you handle that?

Goal Setting, Planning: What is your longest-range career goal and how do you plan to accomplish it?

Potential Barriers:

What method of transportation will you use to get to school? How reliable is it? What backup plan do you have?

Who will provide childcare while you are in training? Who is your backup?

If you are offered a job during training and had to choose between training and the job, what would you do and why?

Career Planning

What type of training are you interested in?
Why do you think you are suited for this training?
Why do you believe you need training?
How will this training build on the skills and experience you already have?
If this is a complete career change for you, why do you think you need such a complete change?
What have you done to prepare yourself for this type of work so far? List all activities you have done to be sure you have a realistic career plan.
Why do you think you are well suited for this type of work?
Name one drawback to this type of work and explain how you will deal with this.
Will there be demand for this type of work in 5 years? Yes <input type="checkbox"/> No <input type="checkbox"/> How did you determine that?
What is the average starting wage for this type of work? \$_____ per _____ Can you be self-sufficient on this wage? Yes <input type="checkbox"/> No <input type="checkbox"/> If not, why do you want this training?
How far are you willing to travel round trip to a job each day? _____ Miles Within the distance listed above, how many job openings are there for the type of work you will qualify for upon completion of training? _____ (only jobs with exact training and experience) Hint: You can check the want ads, internet, job bank, etc.

Career Planning Job Search

Print, cut, or copy and paste **TEN** job openings that you would qualify for **as a result of this training** (do not include jobs that require experience unless you ALREADY HAVE the required experience).

Attach the 10 job postings and submit them with this application.

Planning for the Training

Name three schools that offer this training:
1.
2.
3.
If you already have a school in mind, list its name and why you chose it?
Is the school on the NY State Approved Training Providers List? Yes <input type="checkbox"/> No <input type="checkbox"/> Are you unsure? Check https://applications.labor.ny.gov/ETPL/Search.faces to see if they are listed.
Have you visited the school? Yes <input type="checkbox"/> No <input type="checkbox"/>
What courses or subjects will the school teach you? Be specific or attach a copy of the curriculum.
What are the requirements to be admitted to this program (i.e.: diploma/GED, entrance exam score, college degree)?
After you complete the training, are there any requirements before you can start working in that job such as a licensing exam? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, list:
How quickly after graduation can you start working in that job?
Are there any health, legal, or Department of Motor Vehicle issues now or in the past that could affect your ability to get or do that job? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain:
PLEASE NOTE: If you are applying for CDL truck driver training, you must attach a current Abstract of Driving Record (ABS-3), which can be obtained from the Department of Motor Vehicles.
What is the school's job placement rate for graduates in the type of work that you are seeking training? Are you unsure? Check with the training provider or school. _____%

Training Information

Name and location of school selected	
Contact person at school and phone number	
Training Start Date	Training End Date
Total hours of Training	Number of hours per week

Cost Summary

Tuition	
Books	
Supplies	
Other: uniforms, tools, software, license fees	
Childcare	
Transportation	
TOTAL COST	

Covering Costs

Is financial aid available? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, list type:
Have you applied? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, amount of award
Are you receiving other aid or assistance? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, list type and amount:
IMPORTANT: The maximum WIOA Scholarship award is \$3000.00 per person. (Certain exceptions may apply.)
How will you cover the costs of your training over the amount of any scholarships?
How will you pay for your living expenses while in training?

YOU ARE FINISHED.

Please return the entire completed application packet along with any required attachments to the reception desk. Ensure you have submitted your job search contacts and results listed in Job Search Information Section if you are currently not employed. Also ensure you attach your Training Job Search (the 10 jobs you will qualify for as a result of this training). Please contact us to update your application if any information regarding your WIOA Scholarship Application changes. You will be contacted by phone regarding the next steps in the process if you are selected for scholarship consideration. Thank you for your interest.