



# TRAINING SCHOLARSHIP APPLICATION

## General Information:

Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Residential Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 County: \_\_\_\_\_ Email: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

## Military Service:

Military Service Type: \_\_\_\_\_  
 Dates of Military Service: \_\_\_\_\_

## Background Check:

Have you ever been convicted of a felony or misdemeanor?  Yes  No

If yes, please explain:

*(Note: You will be required to complete a "Request for Criminal History Conviction Data" at a later date.)*

## Transportation:

Do you have reliable transportation arrangements to get to training?  Yes  No

If no, please explain how you will get to training:

## General Education:

Do you have a High School Diploma or GED?  Yes  No

**Employment Information:**

Currently employed?  Yes  No If yes, part-time or full-time? \_\_\_\_\_

If unemployed, how many weeks have you been unemployed within the past 6 mths? \_\_\_\_\_

Why did you leave your last job?

Any physical or mental limitations that results in a substantial barrier to employment?  Yes  No

If yes, are you working with the Office of Vocational Rehabilitation?  Yes  No

If working with OVR, who is your counselor? \_\_\_\_\_

Have you been looking for work?  Yes  No

How long have you been searching for employment? \_\_\_\_\_

What types of job-search have you conducted?

**Other Information:**

Do you have experience in the electrical field?  Yes  No

If yes, please explain:

**Essay:**

Explain why you need training and why you should be accepted into the Amteck Quick Start Program.

\_\_\_\_\_  
*Client Signature*

\_\_\_\_\_  
*Client Print Name*

\_\_\_\_\_  
*Date*