



Training Scholarship Full Application

General Information

Name (First & Last): _____ Last 4 Digits of SSN: _____
 Mailing Address: _____ Date of Birth: _____
 Residential Address: _____
 City: _____ State: _____ Zip: _____
 County: _____ Email: _____
 Phone: _____ Alt. Phone: _____

Military

Military Service: _____
 Military Service Dates: _____

Background Check

Have you ever been convicted of a felony or misdemeanor? Yes No
 If yes, please explain:

Education

Do you have a High School Diploma or GED? Yes No
 Currently In Post-Secondary Education or Training: Yes No If yes, start date: _____
 If yes, name of school: _____ Major/Area of Study: _____
 *If a preadmissions program (i.e. RN, Radiography, etc.), have you been admitted? _____

Projected Graduation Date: _____
 Are you behind on any student loan payments? Yes No Student loans owed: _____

In which targeted industry sector are you seeking training?
 Advanced Manufacturing Healthcare Information Technology Transportation, Distribution, or Logistics

Within that industry what career are you interested in pursuing? _____

What school do you want to attend? _____

What is your employment goal after training?

List skills, experience, training, certifications you need to succeed in the career of choice:

Employment Information

Most recent employer? _____

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? _____

Have you been looking for work? Yes No If so, for how long? _____

Do you have a physical or mental limitation that results in a substantial barrier to employment? Yes No

If yes, are you working with the Office of Vocational Rehabilitation? _____

If yes, who is counselor? _____

What type of job searches have you conducted? _____

I have:

- I have answered all questions on this application
- I have attached my resume
- I am registered in Focus Career at www.focuscareer.ky.gov.

Signature of Applicant

Date

WIOA Staff Area - Only

Date applicant called: _____

Is applicant registered in Focus Career? Yes No

Has applicant ever received WIA or WIOIA Services in the past? Yes No

If yes, date of services: _____

Name of Workforce Specialist: _____

Outcome? _____

Signature of Workforce Staff

Printed Name of Workforce Staff

Date