



# EMPLOYER WORKFORCE TRAINING FUNDS SCHOLARSHIP APPLICATION



**Please complete the following application by typing or printing in ink.  
Do not use whiteout.**

<b>APPLICANT INFORMATION</b>			<b>Grant:</b>	
FIRST NAME	M.I.	LAST NAME	LAST 4 DIGITS OF SSN	
ADDRESS ( )	CITY		STATE	ZIP
TELEPHONE	EMAIL			

<b>EDUCATIONAL ACHIEVEMENTS</b>	
<i>Please list your previous educational achievements</i>	
Highest Grade Completed:	
High School Diploma: ( ) Yes ( ) No	GED: ( ) Yes ( ) No
( ) AA/AS ( ) BA/BS ( ) MA/MS	Year Received: Major:
Certificates and/or Licenses: _____	
_____	
_____	

<b>EDUCATIONAL STATUS</b>	
<i>Please list your current educational status</i>	
Are you currently in school? ( ) Yes ( ) No	
If yes, name of school and major:	
If no, name of school and major interested in:	
Start date of training: _____	End date of training: _____
Will the training result in a certificate, degree or license? ( ) Yes ( ) No	

This program is financed in part with Employer Workforce Training funds provided through the Oregon Department of Community Colleges and Workforce Development and The Oregon Consortium from the U.S. Department of Labor. This program is an equal opportunity program. Auxiliary aids and services are available upon request to individuals with disabilities.

**WORK HISTORY – (Include volunteer work)**

<b>Employer</b>	<b>Position Title</b>	<b>Start mm/yy to end date mm/yy</b>	<b>Please list current essential duties of your present position</b>
		<b>Start Date</b> <b>End Date</b>	
<b>Previous Employer</b>	<b>Position Title</b>	<b>Start mm/yy to end date mm/yy</b>	<b>Please list essential duties of your previous position</b>

**JOB AND WAGE INFORMATION**

Will training result in a promotion, wage gain or medical benefits?

( ) Yes ( ) No

My current hourly wage is:

\$

My current average # of hours worked per week is:

**Section I: ELIGIBILITY**

Priority for Employer Workforce Training Funding is given to applicants who may need assistance to maintain or retain a good job by enhancing their skills or learn new technologies and procedures in a changing and challenging economic environment.

Do you work in an industry other than Information, Educational & Health Services, and Leisure & Hospitality?  Yes  No

If yes, skip Self Assess Risk of Layoff and go to Section II: Training Needed

**Self Assess Risk of Layoff (check all that apply)**

(<http://www.FireProofYourCareer.com> by Anne Baber & Lynne Waymon)

Your Industry/Employer

- € Have there been local or regional layoffs in the industry in which you work?
- € Are there mergers or acquisitions in your industry?
- € Is your industry/employer customer base declining?
- € Are there new technologies emerging in your industry?
- € Is your industry going through much automation?
- € Does your employer depend on business from other organizations that are going through cutbacks?
- € Has your employer downsized already?
- € Is your employer instituting additional cost-cutting measures?
- € Has your employer offered an early retirement program?
- € Are vacant jobs being left unfilled?
- € Has a hiring freeze been instituted?
- € Have work hours been reduced across the board?
- € Are field offices being closed or consolidated?

**Self Assess Risk of Layoff (check all that apply)**

(<http://www.FireProofYourCareer.com> by Anne Baber & Lynne Waymon)

**Your Job**

- € Are you a member of a group of employees likely to be affected by a downsizing?
- € Could the kind of work you do be outsourced or done by a contractor/consultant?
- € Could another department do the work that your department does?
- € Is there a way to automate much of what you do?
- € Do new hires or others in your workgroup have better credentials than you?

**External Economic/Market Forces**

- Unemployment in my county is \_\_\_\_\_.
- My employer is located in a region that is not supported by a diversified economy.
- Large employers in the region have downsized or closed within the last two years.
- My employer has been affected by local or regional layoffs in other industries.

**Section II: Training Needed**

Please explain what skill or credential that you lack that makes you at risk of layoff with your current employer and non-competitive for employment with a new employer?


How will this training provide security in your current employment or provide skills that will assist you in transitioning to a new job?


**Section III: FINANCIAL INFORMATION**

The Employer Workforce Training Funding requires 1:1 non-federal match for each dollar of grant funds awarded.

*An entity's/person's non-federal contribution may be provided in cash or third-party in kind, fairly evaluated, and shall only be used in a manner that is consistent with the purpose of this rule and in accordance with federal definitions found in 29 CFR Part 95.23 and 29 CFR Part 97.24.*

Examples of expenses that qualify as match and documentation required for support include:

<b>Expenses Qualify as Match</b>	<b>Documentation Accepted</b>
Training tuition, fees, books	Receipt
Trainee wage, if paid during training	Letter of support from employer stating that the participant will be paid during the training
Supervision wages, if required for training i.e. practicum	Letter from practicum supervisor including estimated # of practicum hours and hourly wage of the supervisor
Mileage to and from training	Mapquest

<b>TRAINING COST INFORMATION</b>			
	Grant Funds Requested	Match and *Source	
Tuition, Fees & Books	\$	\$	
Travel (mileage, lodging)		\$	
Trainee Wages, if paid during training		\$	
Supervision Wages, if supervision is required for training activity		\$	
Other, _____		\$	
TOTAL	\$	\$	

\*Note source of match in the right column with the following number codes: 1) employer contribution; 2) self funded; 3) other \_\_\_\_\_

**Please fill out with current expense and income information. This information is needed to determine if you have sufficient resources to cover your expenses while in school/training.**

BASIC EXPENSES	MONTHLY PAYMENT
Rent/Mortgage Payment	
Electricity / Other heating	
Telephone (home and cell)	
Cable TV / Satellite	
Garbage/Water/Sewer	
Internet	
Car payment	
Gasoline/Maintenance	
Food for family of _____	
Toiletries (shampoo, soap etc)	
School Lunches	
Prescriptions	
Laundry	
Alimony/Child Support Paid outside of home	
Credit Cards	
Other Loans	
Medical Insurance/Payments to Doctor	
Auto Insurance	
Life Insurance	
Renters/Homeowners Insurance	
Property Tax	
Entertainment	
Clothing	
Home Maintenance	
Savings / IRA / Stocks / Mutual Funds	
Fees/Fines	
Other _____	
<b>Total Expenses</b>	<b>\$</b>

HOUSEHOLD INCOME			MONTHLY AMOUNT
	Recipients	End Date of Income	
Net Income	( )You ( ) Spouse ( )Other	____/____/____	
Child Support	( )You ( ) Spouse ( )Other	____/____/____	
Social Security	( )You ( ) Spouse ( )Other	____/____/____	
Retirement	( )You ( ) Spouse ( )Other	____/____/____	
Savings	( )You ( ) Spouse ( )Other	____/____/____	
Investment Inc.	( )You ( ) Spouse ( )Other	____/____/____	
GI Bill	( )You ( ) Spouse ( )Other	____/____/____	
Unemp. Benefits	( )You ( ) Spouse ( )Other	____/____/____	
Veteran Payments	( )You ( ) Spouse ( )Other	____/____/____	
Pell / Loan	( )You ( ) Spouse ( )Other	____/____/____	
TANF	( )You ( ) Spouse ( )Other	____/____/____	
Food Stamps	( )You ( ) Spouse ( )Other	____/____/____	
Voc. Rehab.	( )You ( ) Spouse ( )Other	____/____/____	
Other:	( )You ( ) Spouse ( )Other	____/____/____	
<b>Total Income</b>			<b>\$</b>
<b>Minus Expenses</b>			<b>- \$</b>
<b>Total Difference</b>			<b>=\$</b>
<b>Total Training Cost</b>			<b>=\$</b>
<b>Total amount requested</b>			<b>=\$</b>

## To-Do List

Please check the following items off as they are completed. Once all are completed, sign and date at the bottom of the page. These items must be completed in order for your Application to be reviewed.

- Free Application for Federal Student Aid (FAFSA).** If taking 6 or more college credit hours as part of a certificate or degree program, a copy of your Award letter [or] documentation that you've applied must be attached. [www.fafsa.ed.gov](http://www.fafsa.ed.gov)
- Completed Scholarship Application**
- Budget**
- Match Documentation Schedule.** With letter of support if applicable.

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*This section to be completed by Staff if applicable*

- Additional Information needed as indicated:
  - Other: \_\_\_\_\_
  - Other: \_\_\_\_\_
  - Other: \_\_\_\_\_
  - Other: \_\_\_\_\_

I certify that all information I have provided in this form is true and complete to the best of my knowledge. I agree to give proof of the information if requested. I authorize my application for the scholarship to be screened by a scholarship review committee.

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Signature of Applicant

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Date