

NCWorks Scholarship Application

(Send completed application to workforcescholarship@wpcog.org)

Name: _____

Address: _____

Date of Birth: _____ County of Residence: _____

Last 4 of SS# _____ Phone: _____

Email address: _____

Family Size and Income: Married _____ Single _____ Number of Children _____

Annual Household Income \$ _____

Are you a veteran? _____

IF male over 18, are you registered with selective service? _____

Highest Grade Completed: _____ Do you have a GED or High School Diploma? _____

Do you have a degree or certification? _____ Are you currently enrolled in school: _____

Are you currently employed: Yes _____ No _____ If Yes: Full Time _____ Part Time _____

Current or Most Recent Employer: _____

Dates of employment: _____

If unemployed, have you filed for unemployment? _____ Are you receiving any unemployment benefits? _____

Training Program Desired: _____

School you would like to attend? _____ Are you currently enrolled? _____

Briefly describe your situation and goals: _____

Are there any situations that would hinder or prevent you from meeting these goals? (health, family, financial, etc.)

****Signatures will be obtained later****

Program acceptance and enrollment is NOT guaranteed until applicant has met all eligibility requirements, completed and submitted all required documentation, and demonstrated need. Applicants will receive notification of acceptance into the program or training by formal letter. If an individual does not qualify for this program, the Career Center offers many resources that are available to assist you.

RELEASE OF INFORMATION

By signing below, I authorize NCWorks staff and other partner agencies to share the confidential information in this form as needed to assist me. I understand this information may be used to formulate an assistance plan, to establish an education or work plan, and/or to determine scholarship eligibility. I hereby acknowledge this consent is voluntarily given:

Signature of Applicant: _____ **Date:** _____

WIOA is an Equal Opportunity Employer/Program

Auxiliary aids and services are available upon request to individuals with disabilities:

1-800-735-2962 (TTY) 1-800-735-8200 (Voice)

******Additional information will be required******