

Workforce Innovation and Opportunity Act (WIOA) Tuition Assistance Application

Niagara County Employment and Training is currently accepting applications for tuition assistance. Several factors may affect approval including funding availability.

**** Please note that only COMPLETE WIOA Funding Applications will be accepted (this includes answering all sections on this application, SIGNING the attestation, as well as completing the attached paperwork).**

Participant Requirements include but are not limited to:

- ✓ Accepted into a training program of your choice PRIOR to approval.
- ✓ Must be at least 18 years old.
- ✓ Preference given to Niagara County residents.
- ✓ Must not be in default status on a student loan.
- ✓ Must show a need to obtain marketable skills that will lead to FULL-TIME EMPLOYMENT.
- ✓ Must have related work experience (paid or unpaid).
- ✓ Must have worked a minimum of six months at one job.
- ✓ Must possess required academic skills and knowledge. Applicants may be required to take a basic skills assessment.

Program Requirements include:

- ✓ WIOA application is due no later than **THREE weeks BEFORE** the training program's **start date**.
- ✓ Training program completed within 12 months.
 - Will accept requests for the last year of a multi-year program, i.e. last year of a Bachelor's degree.
 - If you are currently attending a training program, you will need to show proof of a 90% attendance rate, 2.0 GPA, and a passing grade on all core courses.
- ✓ Participant **MUST** have an **immediate goal of full-time employment** upon completion of the training program with no immediate plans to continuing education, i.e. transfer 2-year degree to a 4-year program to graduate with a Bachelor's degree.
- ✓ WIOA tuition assistance is "funding of last resort" and applied after all other funding sources are used.
- ✓ Other paperwork deemed necessary for WIOA Funding Eligibility Purposes.

PLEASE DIRECT QUESTIONS & RETURN YOUR COMPLETED APPLICATION TO:

Kerrie Heffernan	Phone: 278-8281
Niagara Falls One-Stop Center	Fax: 278-8585
1001 Eleventh Street	Kerrie.Heffernan@niagaracounty.com
Niagara Falls, NY 14301	www.worksource1.com

Applicants must meet the eligibility requirements of the Workforce Innovation and Opportunity Act. Applications will be reviewed; your eligibility for funding will be determined based on the information you provide, your demonstrated need for training, and the current training in demand occupations list provided to us through our Workforce Development Board (WDB). WIOA funds cannot be used to reimburse tuition already paid for. Regardless of WIOA Funding, if you are receiving unemployment benefits you may request the 599 training application to receive benefits while in training. Certain restrictions apply.

WIOA YOUNG ADULT PROGRAM: Individuals 16-24 years old may qualify for up to \$8000 in tuition assistance plus earn over \$2500 in incentives if enrolled in the Young Adult program. This application will be used to screen for possible eligibility to the Young Adult program.

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TRAINING INFORMATION

Note: This section must be COMPLETED IN FULL. Contact the school and/or school's bookstore to obtain specific information on tuition, books, supplies, uniform, fees, etc.

Your name: _____	Date of birth: _____
Name and location of school selected:	
Contact person at school:	
Phone number of contact person:	
Start date of training:	End date of training:
COST SUMMARY:	
Tuition	
Books	
Supplies	
Other: Uniforms, tools, license fees etc.	
TOTAL COST OF TRAINING : \$	
Have you ever been funded by WIA/WIOA in the past?	
Are you in default status on a student loan?	
Are you a person with a disability?	
Does your program qualify for financial aid?	
Have you applied for financial aid?	
If so, please list amount: TAP \$ Pell \$ Other \$	
How will you cover the costs of your training over the amount of any WIOA funding award? (Please be specific)	
How will you pay for your living expenses while in training?	
Please list the SPECIFIC training program that you are interested in?	
Have you visited the school that you have listed for training?	
What are the requirements to be admitted to this program? (ex. Diploma/GED, entrance exam score, college degree etc.)	

Applicants may be required to take a literacy test

After you complete training, are there any requirements before you can start working in that job, such as a licensing exam? If yes, please list:

How quickly after graduation can you start working in that job?

Why do you believe you need training?

Why do you think you are well suited for this type of work? List an SPECIFIC skills you have that you believe make you a good candidate for this type of training:

List your related experience (paid or unpaid) for this training area:

How will this training build on the skills and experience you already have?

What is the **average starting wage** for this type of work? \$_____per hour

Can you be self-sufficient on this wage?

If not, why do you want this training?

How far are you willing to travel (one way) to a job each day? _____miles

Are there any health or legal or Department of Motor Vehicle issues now or in your past that could affect your ability to do that job?

If yes, please explain:

What method of transportation will you use to get to school?

How reliable is it?

What is your backup transportation plan?

If applicable, who will provide child care while you are in training?

Who is your backup childcare provider?

JOB SEARCH

- If you are working full-time (32+ hrs per week) write, "working full time" in the employer's name box.
- If you are NOT currently working or work part-time (less than 32 hrs per week), list 10 places you have applied to within the past 30 days.
- *This Job Search Worksheet is MANDATORY to the WIOA Eligibility Process; therefore, this sheet must be COMPLETELY filled in for us to move forward.*

Applicant's Name: _____

Date of Contact (mm/dd/yy)	Employer's Name, Address, & Phone #	Method of Contact	Name of Person Contacted	Position Applied For	Application Accepted?	Results of Contact
		<input type="checkbox"/> Online <input type="checkbox"/> In Person <input type="checkbox"/> Other (list): _____				
		<input type="checkbox"/> Online <input type="checkbox"/> In Person <input type="checkbox"/> Other (list): _____				
		<input type="checkbox"/> Online <input type="checkbox"/> In Person <input type="checkbox"/> Other (list): _____				
		<input type="checkbox"/> Online <input type="checkbox"/> In Person <input type="checkbox"/> Other (list): _____				
		<input type="checkbox"/> Online <input type="checkbox"/> In Person <input type="checkbox"/> Other (list): _____				
		<input type="checkbox"/> Online <input type="checkbox"/> In Person <input type="checkbox"/> Other (list): _____				
		<input type="checkbox"/> Online <input type="checkbox"/> In Person <input type="checkbox"/> Other (list): _____				
		<input type="checkbox"/> Online <input type="checkbox"/> In Person <input type="checkbox"/> Other (list): _____				
		<input type="checkbox"/> Online <input type="checkbox"/> In Person <input type="checkbox"/> Other (list): _____				
		<input type="checkbox"/> Online <input type="checkbox"/> In Person <input type="checkbox"/> Other (list): _____				

Please return your COMPLETED application to Kerrie Heffernan no later than THREE WEEKS BEFORE the training program's start date. One of three ways to submit:

1. In Person: Niagara's WorkSourceOne, 1001 Eleventh Street, Niagara Falls, NY 14301
2. By fax: 716-278-8585
3. Or, email picture/scanned image of each page to: Kerrie.Heffernan@niagaracounty.com

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Career Center Customer Registration Form

<< ***Please print clearly*** >> Required items are indicated with asterisk * and bold type.

We must collect additional personal information from customers to comply with federal reporting requirements for Workforce Innovation and Opportunity Act (WIOA) funded programs. The information is for WIOA purposes only. New York State Career Centers follow federal guidelines on handling and the protection of personally identifiable information. **Auxiliary aids and services are available upon request to individuals with disabilities.**

What is your preferred language? _____ If other than English, do you need an interpreter? Yes No
 Check here to indicate that you have been made aware of the provisions of the attached "Equal Opportunity is the Law" notice.

Customer Data

Social Security # (Last Four) _____ NYID # _____

*Last Name _____ *First Name _____ M.I. _____

*Date of Birth ___/___/_____

New York State Driver License Number or NYS Non Driver License ID Number: _____

Or other verification of Date of Birth using acceptable source document: _____ (See staff)

Gender: Male Female **Marital Status:** Married Unmarried Divorced

If you're a male born after Dec 31, 1959, are you registered with the US Military Selective Service? Yes No

*Street Address _____ Apt. # _____

*City _____ *State _____ *Zip Code (+4 not required) _____ - _____

Mailing Address (if different than above): _____

County _____

Home Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____

E-Mail Address _____

How do you prefer to be contacted? E-Mail Cell Phone Mail (Postal) Home Phone

Are you a US Citizen? Yes No If no, are you authorized to work in the US? Yes No

If yes, Alien registration number: _____

Ethnicity/Race

Note: The Ethnicity and Race questions are voluntary. Information is confidential and will only be used for record keeping and affirmative action requirements. You will not be penalized if you do not want to answer.

Ethnicity: Hispanic or Latino Not Hispanic or Latino

Race: (Check all that apply) White Black or African American American Indian or Alaska Native
 Asian Native Hawaiian or Other Pacific Islander

Education

*Education (Circle or check highest level completed) Grade: None 1 2 3 4 5 6 7 8 9 10 11 12

HS Diploma HS Equivalency No Diploma IEP Diploma/Disabled with certification of attendance/completion

Note: IEP Diploma/Disabled with Certification disclosure is voluntary. You will not be penalized for nondisclosure of IEP Diploma/Disabled with certification of attendance/completion.

College: 1 yr. 2 yr. 3 yr. 4 yr. plus If college, check all that apply:
 Some college Vocational Degree/Certificate Associate's Degree
 Bachelor's Degree Master's Degree Doctoral Degree

*Are you attending a secondary, post-secondary, vocational, technical or academic school full-time? Yes No

If you are between terms, do you intend to return to school? Yes No

Employment

*Are you currently employed? Yes No If No, how many weeks have you been out of work? _____

If Yes, are you employed Full time Part time How many hours do you work per week? _____

Have you applied for Unemployment Insurance Benefits? Yes No If Yes, when did you apply? _____

Are you currently claiming Unemployment Insurance Benefits? Yes No

Military

Note: Veterans and "eligible spouses" receive priority of service.

***Did you serve in the United States Armed Forces?** Yes No

If "Yes" what US military branch? _____ Dates of Active Service: ____ / ____ / ____ through ____ / ____ / ____

***Are you an Eligible spouse of a veteran?** Yes No

Employment Preferences

Check your work preferences

Work Week:

- Full time (30 hrs. per week or more)
- Part time (Less than 30 hrs. per week)
- Any

Duration: (length of employment)

- Regular (More than 150 days)
- Temporary (3 days or fewer)
- Regular or Temporary (4-150 days)

Minimum acceptable wage required: \$ _____ per Hour Day Week Month Year Other

Date you are available for work: ____ / ____ / ____

Which shift(s) are you willing to work? Check all that apply.

- First (Shift that begins in the morning) Second (Shift that begins in the afternoon/early evening)
- Third (Shift that begins at night) Split Rotating Any

***Are you a Migrant or Seasonal Farm Worker?** (for definitions please see staff or Supplemental Questionnaire) Yes No

Acceptable Job Locations

***I am willing to work within the following zip code, county or state**

10 25 50 100 miles of zip code _____ County _____ State _____

(circle the number of miles and write the zip code)

Note: If you are receiving Unemployment Insurance, you may be required to travel 1 hour by private transportation or 1 1/2 hours by public transportation.

Employment Objective

***Employment Objective/Type of work seeking:** Job Title _____
 Job Title _____

*List most recent occupation(s)/job(s)	<u>Job Title</u>	<u>Experience in this Job</u>	
_____	_____	Years _____	Months _____
_____	_____	Years _____	Months _____

Work History

If you have job experience, please put as much detail in this section as possible to improve our chances of helping you find work. Enter the most recent employment first. Complete all required items for each employer.

***Job Title** _____ ***Employer** _____

***Address** _____

***City** _____ ***State** _____ ***Country (if not USA)** _____

***Start Date (mo./day/yr.)** ____ / ____ / ____ *** End Date (mo./day/yr.)** ____ / ____ / ____

Supervisor _____ Phone Number (____) _____ - _____

***Wage \$** _____ per hr / day / wk / mo / yr/ other ***Reason for Leaving** _____

***Job Duties** _____

Work History, continued

*Job Title _____ *Employer _____

*Address _____

* City _____ *State _____ *Country (if not USA) _____

*Start Date (mo./day/yr.) _____ / _____ / _____ * End Date (mo./day/yr.) _____ / _____ / _____

Supervisor _____ Phone Number (_____) _____ - _____

*Wage \$ _____ per hr / day / wk / mo / yr/ other *Reason for Leaving _____

*Job Duties _____

*Job Title _____ *Employer _____

*Address _____

* City _____ *State _____ *Country (if not USA) _____

*Start Date (mo./day/yr.) _____ / _____ / _____ * End Date (mo./day/yr.) _____ / _____ / _____

Supervisor _____ Phone Number (_____) _____ - _____

*Wage \$ _____ per hr / day / wk / mo / yr/ other *Reason for Leaving _____

*Job Duties _____

Trade Adjustment Assistance (TAA)

Have you been notified by the New York State Department of Labor (received Form TA722) that you are eligible for **Trade Adjustment Assistance**? Yes No If Yes, TAA petition # _____

If No, were you separated from your employment due to foreign trade? Yes No

Driver's License

Do you have a driver's license? Yes No Issuing State _____

What type of license do you have? Class A (Tractor Trailer) Class B (Truck/Bus) Class C (Light Truck Com'l.)
 Class Cn (C-non-CDL) Class D (Operators) Class E (Taxi)
 Class M (Motorcycle)

Endorsements: Passenger Transport Hazardous Materials Tank Vehicles Motorcycle
 School Bus Doubles/Triples Tank Hazard Air Brakes

Do you need public transportation to get to a job? Yes No

Do you have reliable transportation to and from work? Yes No

Certificates/Licenses

Do you have an occupational certificate or license? Yes No

*Certificate/License _____ *Issuing Organization or Locality _____

Issue Date: (mo./yr.) _____ / _____ State _____ *Country _____

Additional Certificate or License:

*Certificate/License _____ *Issuing Organization or Locality _____

Issue Date: (mo./yr.) _____ / _____ State _____ *Country _____

Schools

Do you have a college degree, diploma or educational certificate? Yes No

*Course of Study _____ *Degree _____ Date Completed (mo./yr.) _____ / _____

*Issuing Institution _____ *State _____ *Country _____

*Course of Study _____ *Degree _____ Date Completed (mo./yr.) _____ / _____

*Issuing Institution _____ *State _____ *Country _____

Job Skills and Qualifications

***List at least one.**

Include skills and abilities that you used in your job(s), volunteer work, personal experiences, or that you have acquired through school or training. Examples: laboratory techniques, carpentry, welding, ability to read blueprints, typing, and computer skills such as word processing software, programming languages, or computer assisted design. Also, include languages in which you are fluent.

List qualities or accomplishments related to your employment goal: _____

List any honors you have received or outside activities you participate in: _____

I certify that the information given on this document is true and accurate to the best of my knowledge.

*Signature _____ *Date _____