

## 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 every question on this application, SIGNING the attestation, and submitting the required 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 **FOUR 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.

Niagara's WorkSourceOne and The New York State Department of Labor are Equal Opportunity Employers. If requested, program auxiliary aids and services are supplied to individuals with disabilities

DO NOT SUBMIT AN APPLICATION THAT DOES NOT HAVE **EVERY** QUESTION ANSWERED – IT WILL NOT BE CONSIDERED

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## TRAINING INFORMATION

**Note:** This 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:
<b>COST SUMMARY:</b>	
Tuition	
Books	
Supplies	
Other: Uniforms, tools, license fees etc.	
<b>TOTAL COST OF TRAINING : \$</b>	
Have you ever been funded by WIA/WIOA in the past?	
Are you in default status on a student loan?	
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.)	
<b><i>Applicants may be required to take a literacy test</i></b>	

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<p>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:</p>
<p>How quickly after graduation can you start working in that job?</p>
<p>Why do you believe you need training?</p>
<p>Why do you think you are well suited for this type of work? List an <b>SPECIFIC</b> skills you have that you believe make you a good candidate for this type of training:</p>
<p>List your related experience (paid or unpaid) for this training area:</p>
<p>How will this training build on the skills and experience you already have?</p>
<p>What is the <b>average starting wage</b> for this type of work?     \$ _____ per hour</p> <p>Can you be self-sufficient on this wage?</p> <p>If not, why do you want this training?</p>
<p>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?</p> <p>If yes, please explain:</p>
<p>What method of transportation will you use to get to school?</p> <p>How reliable is it?</p> <p>What is your backup transportation plan?</p>
<p>If applicable, who will provide child care while you are in training?</p> <p>Who is your backup childcare provider?</p>

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## JOB SEARCH

- If you are working full-time (30+ hours per week) write, "working full time" in the employer's name box. If you are a currently-enrolled student, write "Student" below.
- If you are NOT currently working or work part-time (less than 32 hrs per week), or are not a currently-enrolled student, list 10 places to which you have applied for employment within the past 30 days.
- *This Job Search Worksheet is MANDATORY to the WIOA Eligibility Process, and must be completed.*

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 Other (list): _____				
		<input type="checkbox"/> Online <input type="checkbox"/> In Person Other (list): _____				
		<input type="checkbox"/> Online <input type="checkbox"/> In Person Other (list): _____				
		<input type="checkbox"/> Online <input type="checkbox"/> In Person Other (list): _____				
		<input type="checkbox"/> Online <input type="checkbox"/> In Person Other (list): _____				
		<input type="checkbox"/> Online <input type="checkbox"/> In Person Other (list): _____				
		<input type="checkbox"/> Online <input type="checkbox"/> In Person Other (list): _____				
		<input type="checkbox"/> Online <input type="checkbox"/> In Person Other (list): _____				
		<input type="checkbox"/> Online <input type="checkbox"/> In Person Other (list): _____				

**Please return your COMPLETED application no later than FOUR 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. Email picture/scanned image of each page to: [kerrie.heffernan@niagaracounty.com](mailto: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.*

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\*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 \_\_\_\_\_

<u>*List most recent occupation(s)/job(s)</u>	<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 \_\_\_\_\_

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\*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 \_\_\_\_\_

**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:

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\*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: \_\_\_\_\_

\_\_\_\_\_

## Career Center Supplemental Questionnaire Additional Information & Program Eligibility

Please answer these questions to help us determine if you qualify for other Workforce System programs and services. This information is confidential and will only be used to determine further program eligibility, federal reporting requirements for Workforce Innovation and Opportunity Act-funded programs, and affirmative action requirements. We would like you to complete this form so we can help you better. However, answers are voluntary

**\*1. Are you or any member of your family receiving any Public Assistance/Low Income?**

Yes  No

Check all that apply:

Safety Net/Home Relief/TANF

Issued Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Food Stamps/SNAP

Issued Date \_\_\_\_/\_\_\_\_/\_\_\_\_

RCA (Refugee Cash Assistance)

Issued Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Other Assistance (HEAP, Medicaid, etc.)

Please List: \_\_\_\_\_

Issued Date \_\_\_\_/\_\_\_\_/\_\_\_\_

SSI (Supplemental Security Income)

Issued Date \_\_\_\_/\_\_\_\_/\_\_\_\_

SSDI (Social Security Disability Insurance)

Issued Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**\*2. Is your family considered low income?**

Yes  No  Prefer not to answer

i. A family is defined as people living together in a single residence who are either: a married couple and dependent children, a parent/guardian and dependent children, and/or a married couple

**Total Family Members in the household: \_\_\_\_\_ List all individuals and income below:**

Name	Age	Relationship	Income Source:	Hourly Wage	Hours Worked	Weekly	Monthly
			Wages, Social Security, Etc.				

**\*3. Are you a person with a disability?**  Yes  No  Prefer not to answer

Do you have a physical or mental impairment that substantially limits one or more of your major life activities?

If Yes, do you have a:

Physical/Chronic Health Condition

Mental or Psychiatric disability

Learning disability

Vision-related disability

Cognitive/Intellectual disability

Physical/Mobility Impairment

Hearing-related disability

Will you need any assistance or accommodations to be able to take full advantage of our Center services and supports?  No  Yes, assistance I am requesting is \_\_\_\_\_

**\*4. Are you homeless?**  Yes  No If No, do you  Rent or  Own your home?

Do you lack a permanent and suitable nighttime residence? Examples include:

- Sharing housing with other persons due to loss of housing, economic hardship or a similar reason
- Living in a motel, hotel, trailer park or campground due to a lack of other suitable options
- Living in an emergency or temporary shelter

**\*5. Do you lack basic skills?**  Yes  No

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Are you unable to solve problems, or read, write, or speak English at a level necessary to function on the job, in your family, or in society?

- Have you taken a basic skills test within the last 12 months?  Yes  No

**\*6. Are you an English Language Learner?**  Yes  No

Do you meet one of the following two conditions:

- Is your native language a language other than English?
- Do you live in a family or community where a language other than English is the main language?

**7. Are you a Migrant or Seasonal Farm Worker?**  Yes  No

If "Yes," check one of the following:

- Seasonal Farm Worker:** someone who is or was employed in the past 12 months in farm work of a seasonal or other temporary nature and who can return to their permanent place of residence in the same day. This does not include non-migrant individuals who are full-time students.
- Migrant Farm Worker:** a seasonal farm worker (see above) who travels to the job site and cannot return to their permanent place of residence in the same day. This does not include full-time students traveling in organized groups rather than with their families.
- Migrant Food Processor:** (see Migrant Farm Worker)

**8. Are you a spouse of a US Armed Forces member on active duty and lost your job as a direct result of relocation due to a permanent change your spouse's duty station?**  Yes  No

**9. Are you a Displaced Homemaker?**  Yes  No

Have you been providing unpaid services to family members in the home and:

- Depended on the income of another family member but are no longer supported by that income; or are the dependent spouse of a member of the military on active duty and whose family income is significantly reduced due to a deployment, a call or order to active duty, or the death or disability of the member, **AND**
- Are unemployed or underemployed and are having trouble finding or keeping employment.

**10. Are you a single parent?**  Yes  No

Are you a single, separated, divorced or widowed person who has primary responsibility for one or more dependent children under age 18 (including single pregnant women)?

**11. Are you an ex-offender?**  Yes  No

Were you subject to any stage of the criminal justice process? Do you need help overcoming barriers to employment resulting from a record of arrest or conviction for crimes against persons or property, status offenses or other crimes?

**12. Do you think you have a cultural barrier?**  Yes  No

Do you have attitudes, beliefs, customs or practices that may make it hard for you to find work?

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

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