



## Herkimer-Madison-Oneida

# Application for Training Scholarship

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**Purpose:** The purpose of this scholarship is to provide federal assistance to individuals in need of job training. Federal funds may be made available to assist eligible individuals in gaining skills and credentials for employment in growing occupations in our area.

**Guidelines:**

1. Training must be completed within a two-year period and must train for an occupation on the Mohawk Valley regional demand occupation list at: <https://labor.ny.gov/workforcenypartners/lwda/lwda-occs.shtm>
2. The school you select must be on the Eligible Training Provider List. The list is available at <https://applications.labor.ny.gov/ETPL/>
3. You must have developed a clear employment plan with your Working Solutions Advisor, including a Job Zone assessment, documented research about local employment opportunities and your wage potential using the skills to be gained from this training.

**Submitting the Application for Scholarship:**

- You will need to have full information from the training agency regarding training costs, topics to be covered, training beginning and ending dates and your course schedule.
- Please fill out the application completely, and sign at the end. A complete application will help us determine your eligibility for one of the programs we administer.

**Selection Process:** Once an application is submitted, it will be reviewed by your Working Solutions Advisor for completeness and soundness of your training and employment plan. Your Advisor will recommend the application to local grant administrators, where a determination will be made on whether or not the scholarship can be approved. Your Working Solutions Advisor will notify you regarding the final determination.

***Please submit your application to your Working Solutions Advisor  
at least 10 days before training begins***

**Staff Use Only:**

Date Received: \_\_\_\_\_ Working Solutions Advisor \_\_\_\_\_

## Personal Information:

Date: \_\_\_\_\_ NY #: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

County: \_\_\_\_\_ Phone#: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ E-Mail: \_\_\_\_\_

1. **Household Information:** The purpose of this section is for us to get an understanding of the support system you have, which is a HUGE factor for people who want to enter into training - especially long-term training.

Marital Status:      Single ☐      Married ☐      Divorced ☐

Family Status:      Single Parent ☐ .      Dual Parent ☐      N/A ☐

Members of Household:

Name	DOB	Relation to Self
_____		
_____		
_____		
_____		
_____		
_____		

Check the Income Range for Your Total Family\* Income\*\* Over The Last Year:

- ☐ \$0 - \$9,999
- ☐ \$10,000 - \$19,999
- ☐ \$20,000 - \$24,999
- ☐ \$25,000 - \$29,999
- ☐ \$30,000 - \$34,999
- ☐ \$35,000 - \$39,999
- ☐ \$40,000 - \$50,000
- ☐ \$50,000 - \$60,000
- ☐ \$60,000 --\$70,000

\*Family is defined as those living in the household and who are related by blood, marriage or adoption.

\*\*Income includes gross wages of all employed family members, plus Social Security retirement, death benefits, NYS Disability, and Worker's Compensation

If you have a spouse or partner, do they work? \_\_\_\_\_

Are You Receiving Any Of The Following Services?:

\_\_\_\_\_Cash Assistance\_\_\_\_\_Medicaid\_\_\_\_\_Food Stamps\_\_\_\_\_ACCES-VR  
(TANF/Safety Net)

## Employment Related Information

Please State Your Employment History for The Past Ten Years.

Employer	Title	Wage	Dates	Reason for Leaving
1. _____				
2. _____				
3. _____				
4. _____				
5. _____				

\*Attach additional sheets, if needed to conclude ten years of employment

## Skills and Abilities

**Check Highest Educational Level Reached:**

9 10 11 High School Grad H. S. Equivalency/GED/TASC Associates Bachelors Masters

Please List Your Skills and Abilities.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*If possible, please attach a resume to further describe your skills and abilities

## Employment Goal

What Is Your Job Goal? \_\_\_\_\_

Where Are These Jobs Found in the Local Area? (**Look up current job listings and name employers. Application must include this information for Workforce funding :)**)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What Wage Do You Expect to Earn? \$\_\_\_\_\_

How Far Are You Willing To Drive (to and from) for a Training-Related Position?\_\_\_\_\_

**Training Information** We **STRONGLY** suggest you contact more than one school to gather as much information as possible to make the **MOST INFORMED DECISION** on which program is **BEST FOR YOU**.

Training  
Requested: \_\_\_\_\_

Training  
Facility: \_\_\_\_\_

Address Of  
Facility: \_\_\_\_\_

Length of Training: \_\_\_\_\_

Planned Start and End Dates: \_\_\_\_\_

Contact Person at School: \_\_\_\_\_

Estimated Cost of Training: \_\_\_\_\_

If You're Already In A Training Program, What Was Your Start Date?: \_\_\_\_\_

“ “ , what Is Your GPA Or Academic Standing: \_\_\_\_\_

### **Supportive Services**

Have you made arrangements for the following:

☐ **Transportation**, How far is it from your from Home to School? \_\_\_\_\_

☐ **Childcare** If so, for how many children?: \_\_\_\_\_ How many hours per day?: \_\_\_\_\_

Are You Currently Receiving Unemployment Insurance? : \_\_\_\_\_

If So, What Date Will Your Unemployment Insurance be Exhausted?: \_\_\_\_\_

Are You Currently Employed? : \_\_\_\_\_

If So, Where: \_\_\_\_\_

Is It Full-Time or Part-Time? : \_\_\_\_\_ If part time, # hrs./wk \_\_\_\_\_

**Justification of Need**

**Please write a statement of why you need, and feel you would benefit from a publicly-funded scholarship award to support job training:**

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**I understand that completion of this application does not guarantee enrollment in a WIOA /TAA or other Grant –funded program, but give my consent for the school to release information related to this training, should scholarship funding be approved**

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**APPLICANT SIGNATURE**

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**DATE**

Program: TAA ☐WIOA: DW ☐ YOUTH ☐ ADULT ☐TET NDWG ☐H1B Healthcare ☐

**HERKIMER-MADISON-ONEIDA-CONSORTIUM  
INDIVIDUAL TRAINING (IT) PLAN BUDGET**

Trainee Name: \_\_\_\_\_ SS# or NY# \_\_\_\_\_

Approval Contract # \_\_\_\_\_  
(WD Office use only)

Training Dates: \_\_\_\_\_

**TYPE OF TRAINING****1. OJT or Customized Training**

Occupational Title: \_\_\_\_\_ Employer Name &amp; Address: \_\_\_\_\_

Hourly Wage \_\_\_\_\_ # of Weeks \_\_\_\_\_

	Employer Share	WIOA Title I	Trade Act	H1B Healthcare	Other	Total
On-the-Job-Training						

**2. Classroom Occupational Training**

Name of Training Facility: \_\_\_\_\_

Address: \_\_\_\_\_ School Contact \_\_\_\_\_  
*Street*City \_\_\_\_\_ NY \_\_\_\_\_ Phone # \_\_\_\_\_  
Zip

Course Title(s): \_\_\_\_\_ Occupational Objective: \_\_\_\_\_

Occupational Training	WIOA Title I	Trade Act Funds		ACCES VR	PELL	TAP	H 1B Healthcare	Other	Balance to be paid by trainee	Total Program Costs
		Current Year	Subsequent Year							
Tuition & Fees										
Books										
Supplies										
Other										
Total	\$2000 max*								Balance to pay Explain below **	

\*\* Describe your plan to cover any gaps between grants, federal job training scholarship and the total cost of training \_\_\_\_\_

Primary Advisor: \_\_\_\_\_ Date: \_\_\_\_\_

Approval Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Director

(For Funding over \$5,000, WDB Director Approval is required)

Approval Signed: \_\_\_\_\_  
Director

Date: \_\_\_\_\_

WDB



## ADULT WIOA SELF-SUFFICIENCY DETERMINATION

Name: \_\_\_\_\_

NY #: \_\_\_\_\_

Is Individual Currently Unemployed and Is Not Self-Sufficient?  
(Meets WIB-approved Self Sufficiency Guidelines) \_\_\_\_\_

### INCOME DETERMINATION WORKSHEET FOR EMPLOYED INDIVIDUALS

Income Source:

Amount:

Received: Weekly: \_\_\_\_\_ Bi-Weekly: \_\_\_\_\_ Monthly: \_\_\_\_\_ Yearly: \_\_\_\_\_

Income Calculation:

Yearly Income Amount: \_\_\_\_\_

Family Size: \_\_\_\_\_

\_\_\_\_\_

If individual is employed but income falls below 500% of the federal poverty guidelines for individuals and families.  
**(IS NOT SELF-SUFFICIENT)**

\_\_\_\_\_

If individual's income is above 500% of the federal poverty guidelines **(IS SELF-SUFFICIENT)**

BY SIGNING THIS, I AM SWEARING, UNDER PENALTY OF PERJURY, THAT ALL OF THE ABOVE INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Witness: \_\_\_\_\_

Date: \_\_\_\_\_