

# Roane State Community College WORC Grant Application

## I. Applicant Information and Identification:

Applicant Name: _____	
Address: _____	
State / Zip: _____	County of Residence: _____
Home Phone: _____	Cell Phone: _____
Email Address: _____	Staff Verified: _____

Date of Birth: _____	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>
Registered Selective Service: Yes <input type="checkbox"/> No <input type="checkbox"/>	Registration #: _____

Authorized to work: _____	Citizen of U.S. or U.S. Territory: _____
U.S. Permanent Resident: _____	Resident Number and Expiration: _____
Alien/Refugee Lawfully Admitted to U.S.: Y <input type="checkbox"/> N <input type="checkbox"/>	Alien/Visa Registration #: _____ Expiration Date: _____

Employer: _____	Contact Name: _____ Phone: _____
	Business Address: _____
	City: _____ State: _____ Zip: _____

Race: _____	Considered to be of Hispanic Heritage: Y <input type="checkbox"/> N <input type="checkbox"/> Information Not Provided: _____
	White <input type="checkbox"/> Asian <input type="checkbox"/> Hawaiian/Other Pacific Islander <input type="checkbox"/>
	African American/Black <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/>
	More than one race: _____

Veteran Status: _____	Campaign Veteran: _____ Disabled Veteran: _____ Yes <input type="checkbox"/> No <input type="checkbox"/>
	If Yes, Special Disabled (30% or greater): _____
	Recently separated veteran (within the last 48 months): _____

Employment Status: _____	Employed: _____ If Employed, individual is under-employed: Yes <input type="checkbox"/> No <input type="checkbox"/>
	Employed, but received notice of termination of employment: _____
	Not Employed: _____

**Which of the following describes you best (Required to be Eligible):**

	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	Adult entering the workforce for first time or after 5+ years Dislocated Worker (Laid off from employer) Incumbent Worker needing skills upgrades Small business owner who needs to improve skills for the business Someone looking to start a business or new career
		If Employed, individual is under-employed: Y <input type="checkbox"/> N <input type="checkbox"/>
		If Unemployed: Eligible claimant of UI: _____ Exhausted UI Benefits: _____

Education Status: _____	High School / Date of Graduation: _____
	Higher Education: # of years attended: _____ Degree Obtained: _____
	Date of Graduation: _____
	Other Workforce Training (Apprenticeship / Vocational Training, etc): _____

**Applicant Certification Statement:** I certify that the information on this application is accurate to the best of my knowledge. I understand that my willful misstatement of the facts may cause my forfeiture of rights in the Roane State Community College WORC Grant program. I give permission for outside sources, including current and past employers, to be contacted and for them to disclose any information necessary to verify my eligibility for the program. I further understand and agree that my social security number and other information on this application will be provided to other government agencies if required by law. I understand that more information may be required by the Department of Labor at a later date.

Applicant Signature _____	
Date _____	

This project is funded by a grant from the U.S. Department of Labor, Employment and Training Administration in partnership with the Appalachian Regional Commission. Roane State Community College is a TBR and AA/EEO employer and does not discriminate on the basis of race, color, national origin, sex, disability or age in its programs and activities. The following person has been designated to handle inquiries regarding the non-discrimination policies: \_\_\_\_\_ Director of Human Resources/Affirmative Action, 276 Patton Lane, Harriman, TN 37748, (865) 882-4679, humanresources@roanestate.edu

**FOR OFFICE USE ONLY:**

\_\_\_\_ Documents in Personal File (Completed the Application Checklist)

\_\_\_\_ Grant Application Denied / Date \_\_\_\_\_ Reason for Denial \_\_\_\_\_

\_\_\_\_ Grant Application Approved

\_\_\_\_ Signature of WORC Grant Program Manager \_\_\_\_\_

\_\_\_\_ Date of Approval \_\_\_\_\_ Grant Amount Approved \_\_\_\_\_

\_\_\_\_ Individual Success Plan Approved \_\_\_\_\_

\_\_\_\_ Training / Courses Approved \_\_\_\_\_

\_\_\_\_ ISP Coach / Advisor Assigned \_\_\_\_\_

\_\_\_\_ Dates of the Training / Course(s): \_\_\_\_\_

\_\_\_\_ Is Grant Awardee a member of a cohort:

\_\_\_\_ If yes, name of Cohort \_\_\_\_\_

\_\_\_\_ Maker Space Membership? \_\_\_\_\_ Amount Awarded: \_\_\_\_\_