

Florida Governor's Council on Indian Affairs, Inc.

**Workforce Development Services Program
625 N. Adams St., Tallahassee, FL 32301
Telephone: 1-800-322-9186**

Instructions

You should complete this application to the best of your ability, and return it to the address above even if you do not have all the information requested below at this time. Faxed applications will not be processed until an original copy is received by our office.

This application should take you approximately 10-15 minutes to complete. If you have any questions or problems with the application, please call our office at 1-800-322-9186, for an explanation or assistance.

Additional information about the Workforce Development Services Program is provided in the enclosure. Please read this enclosure as it will explain some of the questions you may have regarding your application, or the Workforce Development Services Program.

You will need to provide our office with the following information before we will schedule your eligibility interview.

- _____ 1. A copy of your Documentation (see enclosed pamphlet for acceptable documents)
- _____ 2. Verification of household income (Examples: a copy of your household's most recent tax return, Form 1722 from the IRS, or proof of your eligibility for supportive services such as AFDC, Food Stamps or SSI.)
- _____ 3. A copy of your Driver's License, or a picture I.D., and your Social Security Card.
- _____ 4. An outline of your chosen Program of Study, with a list of all your required courses.
- _____ 5. A copy of all transcripts from any Post Secondary Schools you have attended or a copy of your High School Diploma or G.E.D. Certificate.
- _____ 6. If Employed please send a copy of your pay stub or a letter from your employer verifying your hourly wage and the amount of hours you work.
- _____ 7. Verification that you have applied for the Pell Grant. (Examples of this are: complete copy of your Student Aid Report or an award letter from your Financial Aid Counselor.) You may apply for the Pell Grant On-line at www.fafsa.ED.GOV/ or at your school's financial aid office.

The Workforce Development Services Program utilizes regionally accredited schools that offer College Degrees, Vocational or Technical Training, Certificate Programs, G.E.D. classes, Adult Basic Education, and Literacy Programs. We encourage our students to attend publicly funded colleges and universities; however, we will provide assistance to private schools which are eligible to receive additional state funding through either the Florida Resident Access Grant or the Georgia Tuition Equalization Grant or offer unique programs not offered elsewhere.

Very Important: Degrees, majors, career fields and all other types of training or education are approved based on labor market statistics and information from the U.S. Department of Labor, state departments of labor, employment, education, or workforce development and other credible sources. The Florida Governor's Council on Indian Affairs, Inc. Workforce Development Services Program reserves the right to decide on the viability of any particular major, training program or school.

How did you find out or hear about this program?

Florida Governor's Council on Indian Affairs, Inc.

Workforce Development Services Program Application

PLEASE USE BLUE OR BLACK INK:

1. NAME: _____ SSN: _____

GENDER: F / M BIRTH DATE: _____ CURRENT AGE: _____ PRIOR APPLICANT: YES NO

2. STREET ADDRESS _____

CITY: _____ COUNTY: _____ STATE: _____ ZIP: _____

MAILING ADDRESS _____

(If different than Street Address)

CITY: _____ STATE: _____ ZIP: _____

YOUR TELEPHONE NUMBERS: Home _____ Work _____

YOUR EMAIL ADDRESS _____

3. CONTACT INFORMATION: _____ / _____
Name of Contact Person Relationship Phone Number

CONTACT PERSON'S EMAIL: _____

4. TRIBE: _____ CITIZENSHIP: United States Other: _____

5. PLEASE CHECK ALL THAT APPLY TO YOU:

APPLICANT OR FAMILY MEMBER RECEIVES:

- General Assistance (State/Local Government)
- Temporary Assistance to Needy Families (TANF)
- Supplemental Security Income (SSI) (SSA Title XVI)*
- Social Security Disability Insurance (SSDI)

Please list disability? _____

- Food Stamps
- Foster Child Payments
- Tribal Work Experience Program (TWEP)
- Other Public Assistance *: _____

Please submit verification of these services

APPLICANT CURRENT FAMILY STATUS:

- Parent in a Two Parent Family
- Single Head-of-Household
- One Person
- Pregnant/Parenting Teen
- Other Family Member

VETERAN STATUS:

- Veteran Campaign Veteran Transitioning Service Member
- Disabled Veteran Spouse of Veteran

Dates of Service: _____ to _____

CONVICTIONS: (Does not affect eligibility)

- Have you been convicted for anything other than a minor traffic violation?

6. PRIOR EDUCATION (Please indicate the highest grade you have completed):

High School: _____ College or Vo Tech: _____ Graduate School: _____

What is your reading skill level? _____ What is your math skill level? _____ Have you taken the TABE? _____
(grade) (grade) yes / no

Please list all schools attended, beginning with the most recent:

Name of School & City	Dates Attended	Did You Graduate	Major	Degree

7. TYPE OF TRAINING DESIRED?

- ABE/GED Training Site: _____
- On the Job Training - Training Site: _____
- Apprenticeship & Entrepreneurial Programs
 School / Desired Program of Study: _____ / _____
(*Regionally Accredited schools only) (Degree's approved based on labor market statistics)
- Vocational or Technical
 School / Desired Program of Study: _____ / _____
(*Regionally Accredited schools only) (Degree's approved based on labor market statistics)
- College or University
 School / Desired Program of Study: _____ / _____
(*Regionally Accredited schools only) (Degree's approved based on labor market statistics)

8. LABOR FORCE STATUS:

Were you employed within the past 6 months? Yes No What was your last date of employment? _____
 Last week, the head of my household worked? Full Time Part Time Not at All

LIST YOUR EMPLOYMENT EXPERIENCE INCLUDING MILITARY DUTY (MOST RECENT FIRST)

Name of Company: _____ From: _____ To: _____
 Address: _____ Salary Start: _____ End: _____
 Telephone #: _____ Supervisor: _____
 Job Title: _____ Hours Per Week: _____
 Duties: _____
 Reason for Leaving: _____

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 Address: _____ Salary Start: _____ End: _____
 Telephone #: _____ Supervisor: _____
 Job Title: _____ Hours Per Week: _____
 Duties: _____
 Reason for Leaving: _____

9. TOTAL HOUSEHOLD INCOME INFORMATION (List yourself and all members of your household):

NAME	RELATIONSHIP	LAST 6 MONTHS	ANNUALIZED INCOME
	← Applicant (YOU)		
TOTAL # OF PERSONS IN THIS HOUSEHOLD: _____		TOTAL:\$	TOTAL:\$

