



## APPLICANT INFORMATION

Name: _____		Date: _____	
Preferred Name: _____			
Date of Birth: _____	SSN: _____	SID: _____	
Street Address: _____			
City _____	Zip: _____	County: _____	Phone: _____
Email: (print clearly) _____		Are you a Washington resident? (Living in WA 1 or more years) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Total Household Size: _____	# of Adults _____	# of Children _____	
# of children: 0-5 years _____	6-12 years _____	13-18 years _____	

## EDUCATION INFORMATION

Program of Study: _____	<input type="checkbox"/> BAS <input type="checkbox"/> AAS <input type="checkbox"/> Certificate <input type="checkbox"/> Other _____	Will you be attending: <input type="checkbox"/> Full-time (12+ credits) <input type="checkbox"/> 3/4 time (9-11 credits) <input type="checkbox"/> Part-time (5-8 credits)
Program Start Date: _____	Projected End Date: _____	
Do you have a high school diploma or GED? <input type="checkbox"/> Yes <input type="checkbox"/> No		Currently enrolled in classes at LWTech? <input type="checkbox"/> Yes <input type="checkbox"/> No
What is your highest level of education? <input type="checkbox"/> Less than HS <input type="checkbox"/> HS Diploma or GED <input type="checkbox"/> Certificate <input type="checkbox"/> Associate's Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Post Bachelor's Degree		
Major _____ Year Earned _____		
If you do not have a degree, how many college credits have you earned? <input type="checkbox"/> NONE <input type="checkbox"/> 1-30 <input type="checkbox"/> 31-90 <input type="checkbox"/> 91 or more		

List all colleges you have attended: \_\_\_\_\_

Have you ever completed an academic plan with an LWTech advisor?  Yes  No

Have you previously or are you currently receiving these services from any school?  
 Disability Support  Worker Retraining  TRiO  WorkFirst  Opportunity Grant  BFET

What programs are you interested in? Or applying for?  
 Opportunity Grant  WorkFirst  Worker Retraining  BFET

How did you hear about us? \_\_\_\_\_

## STAFF USE ONLY

Date Received: _____			
Date Approved: _____	Approved By: _____	Code: _____	<input type="checkbox"/> SM5018 <input type="checkbox"/> BM1614
<input type="checkbox"/> OG	<input type="checkbox"/> WorkFirst	Ineligible for _____	<input type="checkbox"/> COMP <input type="checkbox"/> Qtr _____ <input type="checkbox"/> BV <input type="checkbox"/> Pay
<input type="checkbox"/> BFET	<input type="checkbox"/> WRT	Copy to _____	<input type="checkbox"/> Spsh <input type="checkbox"/> Signed Scan <input type="checkbox"/> Email <input type="checkbox"/> Canvas

## FINANCIAL INFORMATION

**Total family income per month** (include spouse or parents if applicable): \$ \_\_\_\_\_

<b>Currently receiving TANF?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Former TANF	<b>On Social Security?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Collecting Veteran's Benefits?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
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<b>Currently receiving Basic Food (stamps)?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Have you applied for Financial Aid (FAFSA)?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No   If so, when? ____	<b>Receiving other forms of Financial Aid?</b> (Scholarships, WIA, Trade Act, Loans, etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No
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**YES   NO**

Are you currently receiving Unemployment?

Are you eligible for Unemployment?

Have you exhausted Unemployment benefits within the past 48 months?

Currently working but have received written notice of layoff or collecting Unemployment?

Displaced homemaker within past 48 months?

Were you self-employed but now unemployed due to economic factors?

Military Veteran? Discharge Date: month \_\_\_\_\_ year \_\_\_\_\_

Are you currently employed?

I need training to continue my current employment and have not earned a certificate or degree

### EMPLOYMENT HISTORY

Beginning with the most recent, provide the past five years of employment history. Attach another page if needed.

<b>Employer Name:</b> _____	<b>Position Title:</b> _____
<b>City, State:</b> _____	<b>Hours per Week:</b> _____
<b>Start Date:</b> _____	<b>End Date:</b> _____

<b>Employer Name:</b> _____	<b>Position Title:</b> _____
<b>City, State:</b> _____	<b>Hours per Week:</b> _____
<b>Start Date:</b> _____	<b>End Date:</b> _____

<b>Employer Name:</b> _____	<b>Position Title:</b> _____
<b>City, State:</b> _____	<b>Hours per Week:</b> _____
<b>Start Date:</b> _____	<b>End Date:</b> _____

<b>Employer Name:</b> _____	<b>Position Title:</b> _____
<b>City, State:</b> _____	<b>Hours per Week:</b> _____
<b>StartDate:</b> _____	<b>End Date:</b> _____

### RELEASE OF INFORMATION

LWTech adheres to FERPA regulations regarding privacy and confidentiality of student information. Because the Workforce Development programs are affiliated with other agencies, we will need to share educational and financial aid information. Your signature authorizes LWTech to release any and all educational and financial aid information to our partner agencies including DSHS, Employment Security, WorkSource Partners, other Community Agencies, and other colleges. Furthermore, it authorizes the above agencies to release information to LWTech. This authorization expires one year after completion of your educational program or two years from signature date.

**I agree to the release of information policy.** I certify that the information provided on this application is true to the best of my knowledge. I am aware I will have to provide documentation of support and this information will be used to determine eligibility for services.

<b>Signature of applicant:</b> _____	<b>Date:</b> _____
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<b>Name:</b>	<b>Student ID:</b>	<b>Date:</b>
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**Please describe your career goals including:**

**Short-Term Goals (0-2 years):**

  
  

**Long-Term Goals (2+ years):**

**Why did you choose this career path? What led to the decision to choose this career?**

**Please list some of your strengths, skills, abilities and/or interests that relate to this career path and will help you reach your career goals.**

1.	4.
2.	5.
3.	6.

**What have your previous experiences in school been like? (check all that apply)**

<input type="checkbox"/> Rewarding	<input type="checkbox"/> Encouraging	<input type="checkbox"/> Frustrating
<input type="checkbox"/> Fun	<input type="checkbox"/> Challenging	<input type="checkbox"/> Discouraging
<input type="checkbox"/> Exciting	<input type="checkbox"/> Difficult	<input type="checkbox"/> Other _____
<input type="checkbox"/> Easy		

**What are some potential obstacles and challenges that you may encounter in pursuing your career and educational goals? (check all that apply)**

<input type="checkbox"/> Computer/Internet Access	<input type="checkbox"/> Time for school/Work/Family	<input type="checkbox"/> Lack of Family / Friend Support
<input type="checkbox"/> Limited Computer Skills	<input type="checkbox"/> Academics/Grades	<input type="checkbox"/> Health Issues/Child with Health Issues
<input type="checkbox"/> Dependable Childcare	<input type="checkbox"/> No GED or HS diploma	<input type="checkbox"/> Legal Issues or Criminal History
<input type="checkbox"/> Disability (physical, mental, or learning)	<input type="checkbox"/> Finances (including educational costs/money management)	<input type="checkbox"/> Alcohol/Drug Issues
<input type="checkbox"/> Disability	<input type="checkbox"/> Limited/Negative Work Experience	<input type="checkbox"/> Other _____
<input type="checkbox"/> Limited English Proficiency	<input type="checkbox"/> Stable Housing/Homeless	
<input type="checkbox"/> Reliable Transportation		

**What steps will you need to take in order to successfully reach your career goals and overcome obstacles?**

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**Work with your Workforce Development advisor to develop additional steps:**

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**COMPLETE THIS SECTION WITH YOUR WORKFORCE DEVELOPMENT ADVISOR**

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

**Program Start**  
Qtr. \_\_\_\_\_ Year \_\_\_\_\_

**Date Updated:**

\_\_\_\_\_

**Advisor Name:**

\_\_\_\_\_

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

**Program End**  
Qtr. \_\_\_\_\_ Year \_\_\_\_\_

**Program of Study:** \_\_\_\_\_

**Will you be attending:**

BAS    AAS  
Certificate of Proficiency  
Certificate of Completion    Other \_\_\_\_\_

Full-time (12+ credits)  
 3/4 time (9-11 credits)  
 Part-time (5-8 credits)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

<b>Qtr</b>	<b>Year</b>	<b>CR</b>	<b>Qtr</b>	<b>Year</b>	<b>CR</b>	<b>Qtr</b>	<b>Year</b>	<b>CR</b>
<b>Qtr</b>	<b>Year</b>	<b>CR</b>	<b>Qtr</b>	<b>Year</b>	<b>CR</b>	<b>Qtr</b>	<b>Year</b>	<b>CR</b>
<b>Qtr</b>	<b>Year</b>	<b>CR</b>	<b>Qtr</b>	<b>Year</b>	<b>CR</b>	<b>Qtr</b>	<b>Year</b>	<b>CR</b>
<b>Qtr</b>	<b>Year</b>	<b>CR</b>	<b>Qtr</b>	<b>Year</b>	<b>CR</b>	<b>Qtr</b>	<b>Year</b>	<b>CR</b>

**Notes (transferred courses, recommended substitutions, next steps, etc.):**

\_\_\_\_\_

**Student Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_