



INVEST/Workforce Scholarship Application

APPLICANT INFORMATION			
Name Last, First		Date of Application	
Preferred Name		Student ID Number	
Address		City, State	
Zip Code		33612 or 33613	<input type="checkbox"/> YES <input type="checkbox"/> NO
DOB		Social Security #	_____ - _____ - _____
Phone Home/Cell	(_____) _____ - _____	Email Address	
Total Household Size _____	# of Adults (18 and up) _____	Total Number Of Children _____	
# of Children 0 - 5 years _____	# of Children 6 - 12 years _____	# of Children 13 - 17 years _____	
What is your highest level of Education? <input type="checkbox"/> Some High School, no diploma <input type="checkbox"/> High School Diploma/GED <input type="checkbox"/> Certification <input type="checkbox"/> Associates Degree <input type="checkbox"/> Bachelor's Degree or higher		List any certifications or degrees you have previously obtained: _____ _____ _____	
AREA OF INTEREST			
Which program are you currently applying for a scholarship in?		<input type="checkbox"/> Certified Nursing Assistant <input type="checkbox"/> Custodian/Facilities Technician <input type="checkbox"/> Landscaping	
Have you identified a specific school to attend? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is the name of the school? _____			
When do you plan to begin attending the school? Month _____ Year _____			
Time of day you prefer to attend class? <input type="checkbox"/> AM <input type="checkbox"/> PM			
FINANCIAL INFORMATION			
Total Household Income: \$ _____			
Please select the types of household income you are currently receiving:		<input type="checkbox"/> Employment Wages <input type="checkbox"/> Unemployment Benefits <input type="checkbox"/> TANF <input type="checkbox"/> Social Security <input type="checkbox"/> Veterans Benefits <input type="checkbox"/> Basic Food Stamps	

EMPLOYMENT HISTORY

Beginning with the most recent, provide the past THREE years of employment history.

Employer Name: _____
City, State: _____
Start Date: _____
End Date: _____
Position Title: _____
Hours worked per week: _____

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UNIVERSITY AREA CDC PROGRAMS

Are you or any member of your household enrolled in a program at UACDC? YES NO
If yes, which program(s)?

- STEPS for Success Prodigy Cultural Arts Other: _____
 Get Moving! Affordable Housing

Are you interested in learning more about the programs provided at UACDC? _____

RELEASE OF INFORMATION

Equal Opportunity/Non-Discrimination

It is the established policy of UACDC to provide equal opportunities to all qualified persons and to administer all aspects and conditions of approval for scholarships without regard to race, religion, color, sex, gender, sexual orientation, pregnancy, age, national origin, ancestry, physical or mental disability, severe/morbid obesity, medical condition, military or veteran status, genetic information, marital status, ethnicity, alienage or any other protected classification, in accordance with applicable federal, state, and local laws.

Confidentiality and Data Collection

University Area CDC is committed to providing a confidential service to its users. No information given to UACDC will be shared with any other organization or individual without the user's expressed permission. For the purpose of this policy, confidentiality relates to the transmission or personal, sensitive or identifiable information about individuals which comes into the possession of UACDC through its work. The UACDC holds personal data about its staff, users, clients, members, etc. which will only be used for the purposes for which it was gathered and will not be disclosed to anyone outside of the organization without prior permission.

All personal data will be dealt with sensitively and in the strictest confidence internally and externally.

University Area CDC, "UACDC", adheres to FERPA regulations regarding privacy and confidentiality of student information. Because the INVEST Workforce program is affiliated with other agencies, UACDC will need to share educational and financial aid information. Your signature authorizes UACDC to release any and all educational and financial aid information to our partner agencies including Hillsborough County, Employment Security, Workforce Partners, other Community Agencies, and other colleges. Furthermore, your signature authorizes the above agencies to release information to UACDC. This authorization expires one year after completion of your education 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 may have to provide documentation of support and this information will be utilized to determine eligibility for services.

Signature of Applicant: _____	Date: _____
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