

## Workforce Innovation and Opportunity Act (WIOA) Tuition Assistance

Niagara County Employment and Training is currently accepting applications for tuition assistance. Several factors may affect approval including funding availability.

**\*\* Please note that only COMPLETE WIOA Funding Applications will be accepted (this includes answering all sections on this application, SIGNING the attestation, as well as completing the attached paperwork).**

### **Participant Requirements include but are not limited to:**

- ✓ Must be at least 18 years old
- ✓ Preference given to Niagara County residents
- ✓ Must not be in default status on a student loan
- ✓ Must show a need to obtain marketable skills which can lead to FULL-TIME EMPLOYMENT
- ✓ Must have related work experience (paid or unpaid)
- ✓ Must possess required academic skills and knowledge (Applicants may be required to take a Test of Adult Basic Education)
- ✓ Must be accepted into the training program of choice PRIOR to approval
- ✓ Must have worked a minimum of 6 months at one job

### **Program Requirements include:**

- ✓ WIOA Application MUST be submitted a minimum of THREE weeks BEFORE the start date of your program.
- ✓ Training must lead to FULL-TIME EMPLOYMENT (those planning to transfer into a different school/program at the completion of training will NOT be considered)
- ✓ Program must be completed in ONE YEAR OR LESS
  - ❖ NOTE: Requests can be made for the last year of a multi-year program (you will need at least a 90% attendance rate, 2.0 GPA, and a passing grade on all core courses).
- ✓ Participant MUST have an immediate goal of full-time employment upon completion of program with no plan to continue on for further education.

**PLEASE NOTE: Upon meeting with one of our Niagara County Employment & Training Counselors, you will be required to produce:**

- ✓ Labor market research (5 want ads) showing availability of full time entry level employment (0-2 years' experience) and average rate of pay in anticipated career field within your commuting area
- ✓ Acceptance letter from eligible school listing start and end dates and ALL costs
- ✓ Job search worksheet (if you are not currently employed full time= 32 hrs. per week) (see attached)
- ✓ *Other paperwork deemed necessary for WIOA Funding Eligibility Purposes*

### **PLEASE DIRECT QUESTIONS & RETURN YOUR COMPLETED APPLICATION TO:**

|                               |                                   |
|-------------------------------|-----------------------------------|
| Suzanne Merrell               | Phone: 278-8237                   |
| Niagara Falls One-Stop Center | Fax: 278-8585                     |
| 1001 Eleventh Street          | Suzanne.Merrell@niagaracounty.com |
| Niagara Falls, NY 14301       | www.worksource1.com               |

**Applicants must meet the eligibility requirements of the Workforce Innovation and Opportunity Act.** Applications will be reviewed; your eligibility for funding will be determined based on the information you provide, your demonstrated need for training, and the current training in demand occupations list provided to us through our Workforce Development Board (WDB). WIOA funds cannot be used to reimburse tuition already paid for. Regardless of WIOA Funding, if you are receiving unemployment benefits you may request the 599 training application to receive benefits while in training. Certain restrictions apply.

**TRAINING INFORMATION**

**Note: This section must be COMPLETED IN FULL. Contact the school and/or school's bookstore to obtain specific information on tuition, books, supplies, uniform, fees, etc.**

|   |                       |
|---|-----------------------|
| Your name: _____  | Date of birth: _____  |
| Name and location of school selected:   |                       |
| Contact person at school:   |                       |
| Phone number of contact person:   |                       |
| Start date of training:   | End date of training: |
| <b>COST SUMMARY:</b>  |                       |
| Tuition   |                       |
| Books   |                       |
| Supplies  |                       |
| Other: Uniforms, tools, license fees etc.   |                       |
| <b>TOTAL COST OF TRAINING :    \$</b>   |                       |
| Have you ever been funded by WIA/WIOA in the past?  |                       |
| Are you in default status on a student loan?  |                       |
| Are you a person with a disability?   |                       |
| Does your program qualify for financial aid?  |                       |
| Have you applied for financial aid?   |                       |
| If so, please list amount:                      TAP \$                      Pell \$                      Other \$ |                       |
| How will you cover the costs of your training over the amount of any WIOA funding award?<br>(Please be specific)  |                       |
| How will you pay for your living expenses while in training?  |                       |
| Please list the SPECIFIC training program that you are interested in?   |                       |
| Have you visited the school that you have listed for training?  |                       |

|  |
|--|
| <p>What are the requirements to be admitted to this program?<br/>(ex. Diploma/GED, entrance exam score, college degree etc.)</p> <p><b><i>Applicants may be required to take a Test of Adult Basic Education</i></b></p> |
| <p>After you complete training, are there any requirements before you can start working in that job, such as a licensing exam? If yes, please list:</p>  |
| <p>How quickly after graduation can you start working in that job?</p>   |
| <p>Why do you believe you need training?</p>   |
| <p>Why do you think you are well suited for this type of work? List an SPECIFIC skills you have that you believe make you a good candidate for this type of training:</p>  |
| <p>List your related experience (paid or unpaid) for this training area:</p>   |
| <p>How will this training build on the skills and experience you already have?</p>   |
| <p>What is the <b>average starting wage</b> for this type of work?     \$_____per hour</p> <p>Can you be self-sufficient on this wage?</p> <p>If not, why do you want this training?</p>                                 |
| <p>How far are you willing to travel (one way) to a job each day?     _____miles</p>   |
| <p>Are there any health or legal or Department of Motor Vehicle issues now or in your past that could affect your ability to do that job?</p> <p>If yes, please explain:</p>   |
| <p>What method of transportation will you use to get to school?</p> <p>How reliable is it?</p> <p>What is your backup transportation plan?</p>   |
| <p>If applicable, who will provide child care while you are in training?</p> <p>Who is your backup childcare provider?</p>   |

**JOB SEARCH**

If you are *NOT* employed full time (32 hours per week) currently, please provide information for **10 RECENT** (within the past 30 days) positions for which you have applied.

**\*\* Please note that completing this Job Search Worksheet is MANDATORY to the WIOA Eligibility Process; therefore, this sheet must be filled in COMPLETELY in order for us to move forward.**

If you are employed full time, please put "working full time" in the box for the employer's name.

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

| <b>SPECIFIC Date of Contact (Day &amp; Month)</b> | <b>Employer's Name, Address &amp; Phone #</b> | <b>Method of Contact</b> | <b>Name of Person Contacted</b> | <b>Position Applied For</b> | <b>Was Application Taken?</b> | <b>Results of Contact</b> |
|---|---|--------------------------|---------------------------------|-----------------------------|-------------------------------|---------------------------|
|   |   |                          |                                 |                             |                               |                           |
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|   |   |                          |                                 |                             |                               |                           |

**Please return your COMPLETED application to Suzanne Merrell a minimum of THREE WEEKS before the start date of your program:**

Niagara Falls One-Stop Center      Phone: 278-8237  
 1001 Eleventh Street      Fax: 278-8585

Niagara Falls, NY 1430

[Suzanne.Merrell@niagaracounty.com](mailto:Suzanne.Merrell@niagaracounty.com)

## Career Center Customer Registration Form

<< ***Please print clearly*** >> Required items are indicated with asterisk \* and bold type.

We must collect additional personal information from customers to comply with federal reporting requirements for Workforce Innovation and Opportunity Act (WIOA) funded programs. The information is for WIOA purposes only. New York State Career Centers follow federal guidelines on handling and the protection of personally identifiable information. **Auxiliary aids and services are available upon request to individuals with disabilities.**

What is your preferred language? \_\_\_\_\_ If other than English, do you need an interpreter?  Yes  No  
Check here to indicate that you have been made aware of the provisions of the attached "Equal Opportunity is the Law" notice.

### Customer Data

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ OR NYID # \_\_\_\_\_

\*Last Name \_\_\_\_\_ \*First Name \_\_\_\_\_ M.I. \_\_\_\_\_

\*Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

New York State Driver License Number or NYS Non Driver License ID Number: \_\_\_\_\_

Or other verification of Date of Birth using acceptable source document: \_\_\_\_\_ (See staff)

Gender:  Male  Female Marital Status:  Married  Unmarried  Divorced

If you're a male born after Dec 31, 1959, are you registered with the US Military Selective Service?  Yes  No

\*Street Address \_\_\_\_\_ Apt. # \_\_\_\_\_

\*City \_\_\_\_\_ \*State \_\_\_\_\_ \*Zip Code (+4 not required) \_\_\_\_\_ - \_\_\_\_\_

Mailing Address (if different than above): \_\_\_\_\_

County \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-Mail Address \_\_\_\_\_

How do you prefer to be contacted?  E-Mail  Cell Phone  Mail (Postal)  Home Phone

Are you a US Citizen?  Yes  No If no, are you authorized to work in the US?  Yes  No

If yes, Alien registration number: \_\_\_\_\_

### Ethnicity/Race

*Note: The Ethnicity and Race questions are voluntary. Information is confidential and will only be used for record keeping and affirmative action requirements. You will not be penalized if you do not want to answer.*

Ethnicity:  Hispanic or Latino  Not Hispanic or Latino

Race: (Check all that apply)  White  Black or African American  American Indian or Alaska Native  
 Asian  Native Hawaiian or Other Pacific Islander

### Education

\*Education (Circle or check highest level completed) Grade: None 1 2 3 4 5 6 7 8 9 10 11 12

HS Diploma  HS Equivalency  No Diploma  IEP Diploma/Disabled with certification of attendance/completion

*Note: IEP Diploma/Disabled with Certification disclosure is voluntary. You will not be penalized for nondisclosure of IEP Diploma/Disabled with certification of attendance/completion.*

College: 1 yr. 2 yr. 3 yr. 4 yr. plus If college, check all that apply:  
 Some college  Vocational Degree/Certificate  Associate's Degree  
 Bachelor's Degree  Master's Degree  Doctoral Degree

\*Are you attending a secondary, post-secondary, vocational, technical or academic school full-time?  Yes  No

If you are between terms, do you intend to return to school?  Yes  No

### Employment

\*Are you currently employed?  Yes  No If No, how many weeks have you been out of work? \_\_\_\_\_  
If Yes, are you employed  Full time  Part time How many hours do you work per week? \_\_\_\_\_

Have you applied for Unemployment Insurance Benefits?  Yes  No If Yes, when did you apply? \_\_\_\_\_  
 Are you currently claiming Unemployment Insurance Benefits?  Yes  No

**Military**

*Note: Veterans and "eligible spouses" receive priority of service.*

**\*Did you serve in the United States Armed Forces?**  Yes  No

If "Yes" what US military branch? \_\_\_\_\_ Dates of Active Service: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ through \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**\*Are you an Eligible spouse of a veteran?**  Yes  No

**Employment Preferences**

Check your work preferences

Work Week:

- Full time (30 hrs. per week or more)
- Part time (Less than 30 hrs. per week)
- Any

Duration: (length of employment)

- Regular (More than 150 days)
- Temporary (3 days or fewer)
- Regular or Temporary (4-150 days)

Minimum acceptable wage required: \$ \_\_\_\_\_ per  Hour  Day  Week  Month  Year  Other

Date you are available for work: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Which shift(s) are you willing to work? Check all that apply.

- First (Shift that begins in the morning)  Second (Shift that begins in the afternoon/early evening)
- Third (Shift that begins at night)  Split  Rotating  Any

**\*Are you a Migrant or Seasonal Farm Worker?** (for definitions please see staff or Supplemental Questionnaire)  Yes  No

**Acceptable Job Locations**

**\*I am willing to work within the following zip code, county or state**

10 25 50 100 miles of zip code \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_

(circle the number of miles and write the zip code)

*Note: If you are receiving Unemployment Insurance, you may be required to travel 1 hour by private transportation or 1 1/2 hours by public transportation.*

**Employment Objective**

**\*Employment Objective/Type of work seeking:** Job Title \_\_\_\_\_  
 Job Title \_\_\_\_\_

| <b>*List most recent occupation(s)/job(s)</b> | <u>Job Title</u> | <u>Experience in this Job</u> |
|---|------------------|-------------------------------|
| _____   | _____            | Years _____ Months _____      |
| _____   | _____            | Years _____ Months _____      |

**Work History**

If you have job experience, please put as much detail in this section as possible to improve our chances of helping you find work. Enter the most recent employment first. Complete all required items for each employer.

**\*Job Title** \_\_\_\_\_ **\*Employer** \_\_\_\_\_

**\*Address** \_\_\_\_\_

**\*City** \_\_\_\_\_ **\*State** \_\_\_\_\_ **\*Country (if not USA)** \_\_\_\_\_

**\*Start Date (mo./day/yr.)** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ **\* End Date (mo./day/yr.)** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Supervisor \_\_\_\_\_ Phone Number (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**\*Wage \$** \_\_\_\_\_ per hr / day / wk / mo / yr/ other **\*Reason for Leaving** \_\_\_\_\_

**\*Job Duties** \_\_\_\_\_

**Work History, continued**

\*Job Title \_\_\_\_\_ \*Employer \_\_\_\_\_

\*Address \_\_\_\_\_

\*City \_\_\_\_\_ \*State \_\_\_\_\_ \*Country (if not USA) \_\_\_\_\_

\*Start Date (mo./day/yr.) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ \* End Date (mo./day/yr.) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Supervisor \_\_\_\_\_ Phone Number (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

\*Wage \$ \_\_\_\_\_ per hr / day / wk / mo / yr/ other \*Reason for Leaving \_\_\_\_\_

\*Job Duties \_\_\_\_\_

\*Job Title \_\_\_\_\_ \*Employer \_\_\_\_\_

\*Address \_\_\_\_\_

\*City \_\_\_\_\_ \*State \_\_\_\_\_ \*Country (if not USA) \_\_\_\_\_

\*Start Date (mo./day/yr.) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ \* End Date (mo./day/yr.) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Supervisor \_\_\_\_\_ Phone Number (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

\*Wage \$ \_\_\_\_\_ per hr / day / wk / mo / yr/ other \*Reason for Leaving \_\_\_\_\_

\*Job Duties \_\_\_\_\_

**Trade Adjustment Assistance (TAA)**

Have you been notified by the New York State Department of Labor (received Form TA722) that you are eligible for **Trade Adjustment Assistance**?  Yes  No If Yes, TAA petition # \_\_\_\_\_

If No, were you separated from your employment due to foreign trade?  Yes  No

**Driver's License**

Do you have a driver's license?  Yes  No Issuing State \_\_\_\_\_

What type of license do you have?  Class A (Tractor Trailer)  Class B (Truck/Bus)  Class C (Light Truck Com'l.)  
 Class Cn (C-non-CDL)  Class D (Operators)  Class E (Taxi)  
 Class M (Motorcycle)

Endorsements:  Passenger Transport  Hazardous Materials  Tank Vehicles  Motorcycle  
 School Bus  Doubles/Triples  Tank Hazard  Air Brakes

Do you need public transportation to get to a job?     Yes     No

Do you have reliable transportation to and from work?     Yes     No

**Certificates/Licenses**

Do you have an occupational certificate or license?     Yes     No

\*Certificate/License \_\_\_\_\_ \*Issuing Organization or Locality \_\_\_\_\_

Issue Date: (mo./yr.) \_\_\_\_\_ / \_\_\_\_\_ State \_\_\_\_\_ \*Country \_\_\_\_\_

Additional Certificate or License:

\*Certificate/License \_\_\_\_\_ \*Issuing Organization or Locality \_\_\_\_\_

Issue Date: (mo./yr.) \_\_\_\_\_ / \_\_\_\_\_ State \_\_\_\_\_ \*Country \_\_\_\_\_

**Schools**

Do you have a college degree, diploma or educational certificate?     Yes     No

\*Course of Study \_\_\_\_\_ \*Degree \_\_\_\_\_ Date Completed (mo./yr.) \_\_\_\_\_ / \_\_\_\_\_

\*Issuing Institution \_\_\_\_\_ \*State \_\_\_\_\_ \*Country \_\_\_\_\_

\*Course of Study \_\_\_\_\_ \*Degree \_\_\_\_\_ Date Completed (mo./yr.) \_\_\_\_\_ / \_\_\_\_\_

\*Issuing Institution \_\_\_\_\_ \*State \_\_\_\_\_ \*Country \_\_\_\_\_

**Job Skills and Qualifications**

**\*List at least one.**

Include skills and abilities that you used in your job(s), volunteer work, personal experiences, or that you have acquired through school or training. Examples: laboratory techniques, carpentry, welding, ability to read blueprints, typing, and computer skills such as word processing software, programming languages, or computer assisted design. Also, include languages in which you are fluent.

|  |  |  |
|--|--|--|
|  |  |  |
|  |  |  |
|  |  |  |

List qualities or accomplishments related to your employment goal: \_\_\_\_\_

\_\_\_\_\_

List any honors you have received or outside activities you participate in: \_\_\_\_\_

\_\_\_\_\_

**I certify that the information given on this document is true and accurate to the best of my knowledge.**

\*Signature \_\_\_\_\_ \*Date \_\_\_\_\_



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Niagara's WorkSourceOne and The New York State Department of Labor are Equal Opportunity Employers.  
If requested, program auxiliary aids and services are supplied to individuals with disabilities