

## 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
- ✓ Must be a NIAGARA COUNTY resident
- ✓ 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
- ✓ Completed Career Exploration Worksheet (see attached)
- ✓ 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:**

|                               |                               |
|-------------------------------|-------------------------------|
| Karen Bolam                   | Phone: 278-8179               |
| Niagara Falls One-Stop Center | Fax: 278-8585                 |
| 1001 Eleventh Street          | Karen.Bolam@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.

Please continue to utilize the One-Stop Center. **Your application for WIOA Training Funds will remain active for a period of six months. You will need to reapply after that time if you are still interested.**

**WIOA Funding Application**

Please Print Clearly

|   |  |
|---|--|
| <b>Name:</b>  | <b>Date:</b>   |
| <b>Street:</b>  |  |
| <b>City/Zip:</b>  |  |
| <b>Phone:</b>   | <b>Date of Birth:</b>  |
|   | <b>NYS Driver License Number:</b>                                      |
| <b>Email Address</b><br><b>*Required*</b>   |  |
| <b>Have you ever been funded by WIA/WIOA in the past?</b>   | <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> |
| <b>Are you in Default Status on a Student Loan?</b>   | <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b> |
| After the completion of your desired training, is your goal immediate full-time employment?   |  |
| <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>  |  |
| <b>*****EMPLOYMENT INFORMATION*****</b>   |  |
| Are you currently Employed? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>  |  |
| If "Yes" please state the number of hours per week: _____ <b>hours per week</b>   |  |
| What is your current (or most recent) job title?  |  |
| Current employer (or last employer, if unemployed):   |  |
| Rate of pay for most recent job \$ _____ <b>per hour</b>  |  |
| If unemployed, why did you leave your last job?   |  |
| Are you currently receiving unemployment insurance? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>  |  |
| If yes, how many weeks received? _____ <b>weeks</b>   |  |
| Did you exhaust your Unemployment Insurance ? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>  |  |
| <b>*****PERSONAL INVENTORY*****</b>   |  |
| This question is voluntary and will be used for affirmative action, record keeping, and to help you identify additional resources that can assist you in your return to work. |  |
| Are you a person with a disability? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>  |  |
| Are you receiving cash Public Assistance? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>  |  |
| What is your family size (number of family members in your household)?  |  |
| Are members of your family supportive of your decision to seek training? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>                               |  |
| <i>If not, how will you handle training?</i>  |  |

|  |                              |                             |
|--|------------------------------|-----------------------------|
| <b>*****MILITARY VETERAN PRIORITY OF SERVICE*****</b>  |                              |                             |
| Did you serve in the active military, naval, or air service?<br><i>*If yes, were you discharged or released under conditions other than dishonorable?</i>  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are you married to a Veteran?<br><i>*If yes, does your spouse have a total disability resulting from a service connected disability?<br/>**Is your spouse listed as forcibly detained or interned by a foreign government or power, missing in action, or captured in the line of duty, and has been so listed for a total of more than 90 days?</i> | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are you the surviving spouse of a Veteran?<br><i>*If yes, did your spouse die of a service connected disability?<br/>**Did your spouse die while a total disability resulting from a service connected disability was in existence?</i>  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>*****CAREER PLANNING*****</b>   |                              |                             |
| Please list the SPECIFIC training program that you are interested in?  |                              |                             |
| Why do you believe that you need training?   |                              |                             |
| Why do you think you are well suited for this type of work? List any SPECIFIC skills you have that you believe make you a good candidate for this type of training:  |                              |                             |
| List your related experience (paid or unpaid) for this training area:  |                              |                             |
| How will this training build on the skills and experience you already have?  |                              |                             |
| What is the average <b>starting wage</b> for this type of work?  | \$ _____                     | <b>per hour</b>             |
| Can you be self-sufficient on this wage?<br><i>If not, why do you want this training?</i>  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| How far are you willing to travel (one way) to a job each day?   | _____                        | <b>miles</b>                |

\*\*\*\*\*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.**

Name and location of school selected:

Contact person at school:

Phone number of contact person:

**Start Date of Training:** \_\_\_\_\_ **End Date of Training:** \_\_\_\_\_.

Total hours of training:

Number of hours per week:

**What is the school's job placement rate for graduates in the type of work for which you are seeking training?**

**\*\* (Contact the school or visit the school's website to find this information) \*\***

**COST SUMMARY:**

|   |           |
|---|-----------|
| Tuition   | \$        |
| Books   | \$        |
| Supplies  | \$        |
| Other: Uniforms, tools, software, license fees, etc | \$        |
| Child care  | \$        |
| Transportation                                      | \$        |
| <b>TOTAL COST:</b>                                  | <b>\$</b> |

Does your program qualify for financial aid?  Yes  No

Have you applied for financial aid?  Yes  No

*If so, please list amount:* TAP \$ \_\_\_\_\_ Pell \$ \_\_\_\_\_ Other \$ \_\_\_\_\_

**\*\*\*\*\*IMPORTANT: The maximum WIOA Funding Award is \$3,000 per person.\*\*\*\*\***

How will you cover the costs of your training over the amount of any WIOA funding award?  
(Please be specific)

How will you pay for your living expenses while in training? (Please be specific)

\*\*\*\*\*PLANNING FOR TRAINING\*\*\*\*\*

Have you visited the school that you have listed for training?  Yes  No

What are the requirements to be admitted to this program?  
 (ex. diploma/GED, entrance exam score, college degree, etc)

\*\* Applicants may be required to take a Test of Adult Basic Education

After you complete training, are there any requirements before you can start working in that job, such as a licensing exam?  Yes  No

*If yes, please list:*

How quickly after graduation can you start working in that job?

Are there any health or legal or Department of Motor Vehicle issues now or in the past that could affect your ability to do that job?  Yes  No

If yes, please explain:

What method of transportation will you use to get to school?

How reliable is it?

What is your backup plan?

If applicable, who will provide child care while you are in training?

Who is your backup childcare provider?

\*\*\*\*\*WORK HISTORY\*\*\*\*\*

|  |                                 |                               |
|--|---------------------------------|-------------------------------|
| <b>Job Title:</b>  | <b>Start Date:</b><br>(MM/YYYY) | <b>End Date:</b><br>(MM/YYYY) |
| <b>Employer:</b>   |                                 | <b>Phone Number:</b>          |
| <b>Address:</b><br>(Include Street Address, City, State & Zip) |                                 |                               |
| <b>Duties:</b>   |                                 |                               |
| <b>Reason for Leaving:</b>                                     |                                 | <b>Wage:</b>                  |

|  |                                 |                               |
|--|---------------------------------|-------------------------------|
| <b>Job Title:</b>  | <b>Start Date:</b><br>(MM/YYYY) | <b>End Date:</b><br>(MM/YYYY) |
| <b>Employer:</b>   |                                 | <b>Phone Number:</b>          |
| <b>Address:</b><br>(Include Street Address, City, State & Zip) |                                 |                               |
| <b>Duties:</b>   |                                 |                               |
| <b>Reason for Leaving:</b>                                     |                                 | <b>Wage:</b>                  |

|  |                                 |                               |
|--|---------------------------------|-------------------------------|
| <b>Job Title:</b>  | <b>Start Date:</b><br>(MM/YYYY) | <b>End Date:</b><br>(MM/YYYY) |
| <b>Employer:</b>   |                                 | <b>Phone Number:</b>          |
| <b>Address:</b><br>(Include Street Address, City, State & Zip) |                                 |                               |
| <b>Duties:</b>   |                                 |                               |
| <b>Reason for Leaving:</b>                                     |                                 | <b>Wage:</b>                  |

\*\*\*\*\*EDUCATION\*\*\*\*\*

|                           |                |                                |
|---------------------------|----------------|--------------------------------|
| <b>Course of Study:</b>   | <b>Degree:</b> | <b>Completed:</b><br>(MM/YYYY) |
| <b>Issuing Intuition:</b> |                | <b>State:</b>                  |

|                           |                |                                |
|---------------------------|----------------|--------------------------------|
| <b>Course of Study:</b>   | <b>Degree:</b> | <b>Completed:</b><br>(MM/YYYY) |
| <b>Issuing Intuition:</b> |                | <b>State:</b>                  |

**\*\*My signature below indicates that the information I have provided on this application is true and correct to the best of my knowledge.**

Signature

Date

**WIOA CAREER EXPLORATION WORKSHEET**

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

Choose the job your training will prepare you for and answer the questions below based on that job.

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

**Your Desired Job Title:** \_\_\_\_\_

|   |  |
|---|--|
| <b>Job Description (What do they do?)</b>     |  |
| <b>What Interests You About This Job?</b>     |  |
| <b>Educational Requirements</b>               |  |
| <b>Skills That Would Help You in this Job</b> |  |
| <b>Entry Level Salary Range in New York</b>   |  |
| <b>Outlook for Western New York</b>           |  |

**Go to:** [www.labor.ny.gov/](http://www.labor.ny.gov/)

- Use [www.labor.ny.gov/](http://www.labor.ny.gov/) to help you obtain information to complete the Career Exploration Worksheet. Other possible sources include: [www.bls.gov/ooh](http://www.bls.gov/ooh) (search A-Z Index) or <http://www.labor.ny.gov/stats/lproj.shtm>

**If using [www.labor.ny.gov](http://www.labor.ny.gov/) :**

- **To obtain Outlook for the future and O Net Code**
  - ✓ Click on Manage Your Workforce
  - ✓ Click on Labor Market Information
  - ✓ Click on Employment Projections (left side in gray)
  - ✓ Click and open Regional Projections (in 2<sup>nd</sup> paragraph)
  - ✓ Scroll across bottom to Western New York tab
  - ✓ Scroll down to find desired job title

**Occupation Heading (You may have to search similar occupations to find desired occupation)...Examples:**

- CNA = Nurse Aide
- Billing and Posting Clerks = Medical Biller
- Truck Drivers = Heavy + Tractor Trailer
- Medical Records and Health Information Technicians = Medical Coders
- Licensed Practical Nurse (LPN) and Licensed Vocational Nurses (LVN)

### 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: \_\_\_\_\_

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

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

|                               |                               |
|-------------------------------|-------------------------------|
| Niagara Falls One-Stop Center | Phone: 278-8179               |
| 1001 Eleventh Street          | Fax: 278-8585                 |
| Niagara Falls, NY 1430        | Karen.Bolam@niagaracounty.com |