



TRAINING • CONNECTING • DEVELOPING ILLINOIS' WORKFORCE

Career Link Application for Assistance

Please fill out the application if:

You are interested in financial assistance to attend school

This application is valid for six (6) months. If you are applying for financial assistance to attend school, the application must be submitted at least thirty (30) days before the date you wish to begin school. You may mail it or bring it to the Career Link office of your choice. Addresses are below.

You can expect a telephone call from a Career Link employee within two (2) weeks from the date on which your application is received.

Steps to Apply:

1. Fill out all stapled pages of this application. All questions must be answered. The last page, confirming that you have received the attached procedures and policies, *must be signed.*
2. Take the paper-clipped copies of "Complaint Procedures" and "General Policies for Tuition Assistance" with you.
3. Submit your application.

Career Link Offices

Bloomington Office
207 East Hamilton Road
Bloomington, IL 61704

Pekin Office
200 South 2nd Street, Suite 10
P.O. Box 67
Pekin, IL 61555-0067

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KEEP THIS PAGE FOR YOURSELF

Career Link Application for Assistance

Last Name: _____ First Name: _____ M.I. _____

Street Address: _____ Apt.#: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Ext: _____

County: _____ Email Address: _____

Yes, I am applying for Financial Assistance to attend school

CONTACT INFORMATION

List three (3) people who do not reside at your address, who we could contact at all times. These will not be used for references.

Name: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Relationship: _____

Phone Number: _____

Name: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Relationship: _____

Phone Number: _____

Name: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Relationship: _____

Phone Number: _____

For Office Use Only:

Date Receive _____

_____ Veteran

_____ Dislocated Worker

_____ Displaced Homemaker

_____ Adult

_____ Youth

Priority Code: _____

Private Information

Social Security Number: _____ Gender: Male Female

Birth Date: _____

Authorized to work in the USA as a:

- U.S. Citizen **OR**
 Registered Alien/Refugee or other authorized individual

Ethnicity / Race

Check one of the following:

- Hispanic or Latino Black American Indian or Alaskan Native
 White Asian Hawaiian or Pacific Islander
 Prefer not to Answer

Disability Status

Have a Disability? Yes No

If Yes, please specify: _____

Veteran's Information

Veteran Not a Veteran

Qualified Spouse of a Veteran:

- I am the spouse of an individual in the category marked below (check the one that applies)
 A Veteran who died of a service-connected disability
 A member of the Armed Forces serving on active duty who, at the time of application for assistance, has been in one of the following categories for more than 90 days. (If this item is checked, also check one of the following three categories)
 Missing in Action
 Captured in Line of Duty by a Hostile Force, or
 Detained or Interned in Line of Duty by a Foreign Government or Power
 A Veteran who has a Total Disability Resulting From a Service Connected Disability, or
 A Veteran who Died While He/She Was Designated as Being Disabled

The Following Applies Only to Veterans and Qualified Spouses of Veterans

Branch of Service: Air Force Army Coast Guard Navy U.S. Marines

Dates of Service: From _____ To _____

U.S. Citizen: Yes No

Armed Forces Campaign or Expeditionary Medal? Yes No

Service-Connected Disability? (check one) No Disabled Vet Special Disabled Vet

Nature of Military Discharge

Honorable Dishonorable Less than Honorable Service-Connected Disability

Education

Circle Highest Grade Completed:

7 8 9 10 11 12 Received High school Diploma
or
GED (Circle one)

(Circle highest post-secondary level completed)

College Freshman College Sophomore College Junior College Senior Under-Graduate Degree Masters Degree Doctorate Degree

Attending School Now? ___Yes ___No Attending School Full-Time ___Yes ___No

If yes, state training institution and program you are currently in: _____

Pell Grant Amount: \$ _____

Credentials

Please record all requested information regarding all diplomas/degrees, licenses, certifications, or other credentials you have earned.

Instructions: Record yes or no in the first column indicating whether or not you have the credential identified in Column 2. In column 3, record the name of the institution you attended, and in column 4, the dates you attended. Indicate in column 5 whether or not you can provide Career Link with a copy of the credential.

Y/N	Credential	Institution	From	To	Y/N
	High School Diploma/GED				
	A.A. or A.S. Degree				
	B.A. or B.S. Degree				
	Occupational Skills License				
	Other Credential				

Labor Force Status

- Unemployed Employed Not in Labor Force
 Under-Employed

Unemployment Insurance Status:

- Receiving Benefits Exhausted Benefits Not Eligible/Not Determined
 Eligible for but not Receiving Benefits

Dislocated Worker Characteristics

- Unemployed for at least six months prior to application? Yes No
 Completed at least one month of Job Search? Yes No

My family income has changed significantly in the last two years.

___No
 ___Yes, because of: ___Divorce ___ Death of Spouse ___Spouse lost significant Job

Characteristics

- Are you an offender – Felony? Yes No Misdemeanor? Yes No
 Are you Homeless? Yes No
 Do you have a drug/alcohol dependency problem? Yes No
 Do you have limited English proficiency? Yes No

Work History

(Starting with your most recent job and going back the previous 10 years) Dates: _____ - _____

Employer: _____ Job Title: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Contact Name: _____ Contact Phone: _____ Ext. _____

Job Duties: _____

Was this your primary occupation? Yes No

Wages: \$_____ Per: Hour Day Week Month Year Hrs per Week: _____

Employment Status: Employed Employed, Layoff Pending Labor Dispute
 Fired Quit Laid Off

Layoff Reason:

Lack of work at employer General economic conditions Plant Closure
 Substantial Layoff In process of going out of business
 Qualified for Unemployment Insurance

Work History (continued) Dates: _____ - _____

Employer: _____ Job Title: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Contact Name: _____ Contact Phone: _____ Ext. _____

Job Duties: _____

Was this your primary occupation? Yes No

Wages: \$_____ Per: Hour Day Week Month Year Hrs per Week: _____

Employment Status: Employed Employed, Layoff Pending Labor Dispute
 Fired Quit Laid Off

Layoff Reason:

Lack of work at employer General economic conditions Plant Closure
 Substantial Layoff In process of going out of business
 Qualified for Unemployment Insurance

Work History (continued) Dates: _____ - _____

Employer: _____ Job Title: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Contact Name: _____ Contact Phone: _____ Ext. _____

Job Duties: _____

Was this your primary occupation? Yes No

Wages: \$_____ Per: Hour Day Week Month Year Hrs per Week: _____

Employment Status: Employed Employed, Layoff Pending Labor Dispute
 Fired Quit Laid Off

Layoff Reason:

- Lack of work at employer General economic conditions Plant Closure
- Substantial Layoff In process of going out of business
- Qualified for Unemployment Insurance

Work History (continued) Dates: _____ - _____

Employer: _____ Job Title: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Contact Name: _____ Contact Phone: _____ Ext. _____

Job Duties: _____

Was this your primary occupation? Yes No

Wages: \$_____ Per: Hour Day Week Month Year Hrs per Week: _____

Employment Status: Employed Employed, Layoff Pending Labor Dispute
 Fired Quit Laid Off

Layoff Reason:

- Lack of work at employer General economic conditions Plant Closure
- Substantial Layoff In process of going out of business
- Qualified for Unemployment Insurance

Use additional copies of page 6 if this does not include your last 10 years of Work History.

Family Information

Family Size: _____ including yourself, state the number of people in **your household** who are related by blood, marriage, or adoption.

Number of dependants who are less than 18 years of age: _____

Are you a member of a family receiving Food Stamps? Yes No

If you don't receive food stamps, record approximate household income for past six months:

Names of Family Members:

(List your name first)

Name	Self	Relationship to you	Age	Your Dependant? Y/N	Has Income? Y/N

Notice of Certification: I certify that the preceding information is correct to the best of my knowledge and that there is no intent to commit fraud. I have been advised that this information will be entered into a computerized system and will not be shared with other agencies for the purpose of administering programs of these agencies. I have the right to inspect this information and initiate appropriate corrections through the administering agency. **I agree to participate in the WIA post-termination follow-up.** I hereby acknowledge that if the information relating to eligibility determination requires verification/documentation, by my signature I authorize others to release information required for eligibility determination. I acknowledge that if the information relating to eligibility determination is false, I may be terminated from any Workforce Investment Act program and may be subject to legal prosecution. I further certify that I have been informed of my rights to file a complaint.

Signature of Client: _____ Date: _____

Complete This Page Only If You Are Seeking Financial Assistance To Attend School

What education would you like to pursue? School _____

Program _____

When would you like to start? _____

Anticipated graduation date: _____

Are you currently attending school? Yes No

If Yes: Name of School: _____

Program: _____

Number of Credit Hours Completed: _____

What type of job would you like to have? (try to be specific) _____

Based upon your career research, what is a reasonable starting salary you expect to receive? _____

List any experience you have in this field: _____

What particular financial concerns do/will you have during your training:
Please(✓) all that applies to your situation:

___ Tuition

___ Uniforms

___ Fees

___ Required equipment / tools

___ Books

___ Required medical exams, immunizations, etc.

___ Childcare

___ Certification costs

___ Mileage

___ Graduation costs

List other financial concerns you may have: _____

CAREER LINK
Documentation of Receipt of Complaint Procedures

I confirm that I have received a copy of the Complaint Procedures, which includes anti-discrimination provisions and information on filing discrimination complaints.

Signature

Date

CAREER LINK
Documentation of Receipt of General Policies for Tuition Assistance

I confirm that I have received a copy of the General Policies for Tuition Assistance.

Signature

Date

This form needs to be placed in official customer file

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Please Take This Page For Future Reference
GENERAL POLICIES FOR TUITION ASSISTANCE

- 1) Applications are valid for six (6) months. You may complete a new application at any time and re-enter the applicant pool for a new six month period.
- 2) Your completed application should be submitted at least thirty (30) days prior to the date you wish to begin school.
- 3) All applicants are required to register on Illinois Skills Match (ISM) at www.illinoisskillsmatch.com. This is one way to begin your search. (You may use the Career Link computers and receive individual assistance registering if needed.)
- 4) Persons covered under the Jobs for Veterans are, by law, considered first.
- 5) If approved for tuition assistance, you will be required to exhaust any other available means of tuition assistance first. You may be required to submit a Free Application for Federal Student Assistance (FAFSA) application. We strongly recommend filing online as soon as possible – www.fafsa.ed.gov. A Career Link staff member can help you.
- 6) If you are approved for tuition assistance through Career Link, you may be allowed to keep your PELL grant money for expenses.
- 7) If you are approved for tuition assistance through Career Link, you may also be eligible to receive financial assistance for books, supplies, transportation, and child care.
- 8) For more detailed information on tuition assistance, please call a Career Link staff member, or check our website at www.careerlink16.com.

Career Link Offices

Bloomington Office
207 East Hamilton Road
Bloomington, IL 61704
309/827-6237 or 800/590-4440
Ext.235

Pekin Office
200 South 2nd Street, Suite 10
P.O. Box 67
Pekin, IL 61555-0067
309/346-4171 or 800/662-1882
Ext. 248

Career Link Website: www.careerlink16.com

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