

Western Dairyland Project Advance Application Form

web Jan09

To be eligible for Project Advance individuals must be resident of Buffalo, Eau Claire, Jackson, or Trempealeau County and have household incomes below 100% of the Federal Poverty Guidelines. (See staff for current guidelines)

Name: _____

Date: _____

Address: _____

County: _____

DOB: _____

Home Phone: _____

Cell Phone: _____

U.S. Citizen: Yes No Gender: Male Female

Email Address _____

RACE: Alaskan Native American Indian Asian/Pacific Islander Black Hispanic White Other _____

Eligibility Determination:

Are you currently working? _____

What is your household income? _____

Work schedule: _____

Employer's Name: _____

Can you make a \$50 Non-refundable payment required for this program? _____

Are you aware that Students will be dropped from program if absent from training? _____

How many people live in your household? _____ How many dependents do you support? _____

Are you living with a spouse or significant other? _____ If so, does this person have earned income? _____

Please circle those you receive: Food Stamps ~~ Medical Assistance ~~ Badger Care ~~ WIC ~~ Child Care Assistance ~~ Other: _____

Have you or members of your household received services from Western Dairyland Programs? Yes ___ No ___

If yes, which program? _____

Can you commit to Machine Tool or Welding Training 10 hours per week for 10 weeks? _____

Do you have a valid Drivers License? _____ Do you have reliable transportation? _____

What is the highest grade you have completed? 8 9 10 11 12 13 14 15 16 or more

Do you have a G.E.D., H.S.E.D., or High School Diploma? _____ Date Completed _____

Are you aware that a drug screen is required to participate in this program? _____

Upon successful completion of training will you commit to a minimum 6 month Job placement? _____

Why are you interested in Project Advance? _____

How did you hear about the Project Advance Program? _____

I certify that the information on this application is a true and complete statement of facts according to my best knowledge and belief. I further certify that I have read and understand the statements on this page and agree to them. I also understand that I may be asked to provide proof of any information given on this application form. The above information may be collected and shared for purposes of evaluation, and participants may be contacted by an evaluator of our program for their input.

NOTE: It is the applicant's responsibility to report any change in the above information. If you are being placed on a waiting list and we are unable to reach you after several attempts, you will lose your place on the waiting list.

Signature of Applicant

Date