



Participant Application
For Green Skill Development Training
Shenandoah Valley Workforce Investment Board, Inc.

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Participant Eligibility Information

Check one from options below and complete additional information as required based on your selection.

\_\_\_\_\_ You have been terminated or laid-off or you have received a notice of termination or lay-off from employment?

Provide one of the following documents.

\_\_\_\_\_ Termination notice is provided and attached

\_\_\_\_\_ Employer statement of separation on employer letterhead is provided and attached

\_\_\_\_\_ Proof of unemployment claim is provided and attached

\_\_\_\_\_ You were self-employed, but are now unemployed? Explain previous work as self-employed and end date for self-employment.

\_\_\_\_\_ You are without a job, want to work and are available to work? Explain how long you have been unemployed, your availability to work full time and your current skills.

\_\_\_\_\_ You are currently employed and need training to secure full-time employment, advance in your career, upgrade your skills or retain current occupation? Provide employer information below.

Employer Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Employer Address: \_\_\_\_\_ Employer Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Participant Information

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Gender: \_\_\_\_\_ Male \_\_\_\_\_ Female Date of Birth (mm/dd/yy): \_\_\_\_\_

Ethnicity: \_\_\_\_\_ Hispanic/Latino Race: \_\_\_\_\_ American Indian or Alaska Native \_\_\_\_\_ Asian

\_\_\_\_\_ Black/African American \_\_\_\_\_ Native Hawaiian or Other Pacific Islander

\_\_\_\_\_ White \_\_\_\_\_ More than One Race

Education Level (check highest level completed): \_\_\_\_\_ 8th Grade and Under \_\_\_\_\_ 9th-12th Grade

\_\_\_\_\_ HS Graduate or Equivalent

\_\_\_\_\_ 1-3 Years Of College or Full Time Technical or Vocational School

\_\_\_\_\_ 4 Years College or More

Age Category: \_\_\_\_\_ Younger than 18 Years \_\_\_\_\_ 18-24 Years \_\_\_\_\_ 25-34 Years \_\_\_\_\_ 35-44 Years

\_\_\_\_\_ 45-54 Years \_\_\_\_\_ 55 Years or Older

Are you a Veteran? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you registered with the Selective Service if you are a male citizen or male alien in the United States and are at least 18 years of age?  Yes  No  Born before 1960, not required

Do you have limited ability in speaking, reading, writing or understanding the English language?  Yes  No

Is your native language a language other than English?  Yes  No

Do you live in a family or community environment where a language other than English is the dominant language?  
 Yes  No

Do you identify yourself as having a "disability" as defined in Section 3(2) (a) of the Americans with Disabilities Act of 1990?  Yes  No

Do you have a criminal record?  Yes  No

**Grant Service and Related Assistance Information**

Training Provider: \_\_\_\_\_

Program Name: (ex. Wind Turbine Service Technician): \_\_\_\_\_

Course Name (if applicable): \_\_\_\_\_

Construction Related Program:  Yes  No Manufacturing Related Program:  Yes  No

Program Start Date: \_\_\_\_\_ Program Completion Date: \_\_\_\_\_ Scholarship Award Date: \_\_\_\_\_

Expected Credential(s): \_\_\_\_\_

Working with One-Stop Career Center:  Yes  No Center Name: \_\_\_\_\_

Center Contact Person: \_\_\_\_\_

**IMPORTANT TERMS AND RELEASE OF INFORMATION**

I understand that in accepting this scholarship from the Shenandoah Valley Energy Partnership Grant through the Shenandoah Valley Workforce Investment Board, Inc., I agree to the following terms:

(1) I must successfully complete the class(es) with a passing grade to be eligible for the scholarship. If I drop a class after the allowable drop period, or if I do not successfully complete the class(es) with a passing grade, then I agree to reimburse the training provider for the amount of the scholarship payment.

(2) I authorize, with my signature below, the release of information from the training provider to personnel working with the Shenandoah Valley Energy Partnership Grant at the Shenandoah Valley Workforce Investment Board, Inc. Information will pertain to education outcomes, dates enrolled, credentials earned, employment status, dates worked, compensation, title, and other information necessary to verify apprentice training progression and completion as required by the U.S. Department of Labor for the Shenandoah Valley Energy Partnership Grant. **My Release of information will expire February 28, 2013.**

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

For questions or additional information, please contact one of the following:

Dabney S. Lancaster Community College  
Gary Keener  
VP, Continuing Education and Workforce Services  
Dean, Occupational, Technical & Allied Health Programs  
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