

# FRESNO REGIONAL WORKFORCE DEVELOPMENT BOARD

## Scholarship Application

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

Date: \_\_\_\_\_ Phone Number: \_\_\_\_\_

|   |                              |                             |  |
|---|------------------------------|-----------------------------|--|
| <b>Occupation</b>   |                              |                             |  |
| <b>Sector Occupation</b>  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |  |
| <b>Demand Occupation</b>  | Yes <input type="checkbox"/> | No <input type="checkbox"/> | (if No, an approved waiver must be attached) |
| <b>O*Net</b>  |                              |                             |  |
| <b>Required Career Interests</b>                                |                              |                             |  |
| <b>Participant Career Interests</b>                             |                              |                             |  |
| <b>Required Work Values Area</b>                                |                              |                             |  |
| <b>Participant Work Values Area</b>                             |                              |                             |  |
| <b>WorkKeys®</b>  | <b>Mathematics</b>           | <b>Workplace Documents</b>  | <b>Graphic Literacy</b>                      |
| <b>Required Level</b>   |                              |                             |  |
| <b>Participant Level</b>  |                              |                             |  |
| <b>Training Program Name</b>                                    |                              |                             |  |
| <b>Name of Training Provider</b>                                |                              |                             |  |
| <b>Total Weeks of Instruction</b>                               |                              |                             |  |
| <b>Total Training Cost</b>                                      |                              |                             |  |
| <b>Financial Aid Amount<br/>(CCC Promise Grant and/or PELL)</b> |                              |                             |  |
| <b>Total WIOA Funds Requested</b>                               |                              |                             |  |

You will be required to appear before a formal Scholarship Panel. This panel composition may include members representing Fresno Regional Workforce Development Board staff and Council/Board members or Partner agencies such as State of California Employment Development Department, the County of Fresno County Department of Social Services, or other participating agencies.

The decision to approve your application for training services will be decided at this interview.

Your Employment Readiness Specialist/Academic Career Advisor will be your advocate and will accompany you to the panel.

The purpose of this section is to help prepare you for your scholarship interview. The panel will ask the following questions. Additional questions pertaining to the training, your support structure, and your labor market research may be asked by the panel, as well.

a. Why did you choose this particular career path?

b. What school did you choose, and why?

c. What is the training program completion rate of this training provider?

d. What is the employment placement success rate of this training provider in relation to its graduates?

e. What is the starting wage for this training provider's graduates?

f. Have you considered where you would like to work? If so, where?

- g. What barriers (childcare, transportation, etc.), if any, do you anticipate having that might prevent you from attending class on a regular basis?

- h. Have you put together a budget to determine if your basic living costs are covered while you are in training? Do you have a plan or resources if an emergency were to occur while you are in training?

- i. Describe your long-term plan and how this scholarship will help you achieve it? Where do you see yourself in 5 years?

I, \_\_\_\_\_ have been actively seeking employment  
(Print name)

and have completed the services and activities provided. I have been unsuccessful in obtaining employment. I am therefore requesting training services in order to achieve my goal to be better prepared for employment.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Based on the information provided above, this participant is in need of additional staff assistance and will benefit from training services.

Provider of Services Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: