



APPLICATION

Name: _____

Address, City, State, Zip Code: _____

Phone: _____

Email: _____

Emergency Contact Name: _____

Relationship to You: _____

Emergency Contact Phone: _____

Please complete the below questionnaire to the best of your ability. Identifying your barriers will help us to determine what services may be most beneficial to you. Acknowledgement of a barrier will not prohibit you from being chosen to receive our scholarship.

Demographic Information (for reporting purposes)	YES	NO	Prefer not to answer
Are you a veteran?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a disability?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What is your Gender at Birth? _____			<input type="checkbox"/>
What is your Race? _____			<input type="checkbox"/>
Are you legally married?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Basic Eligibility	YES	NO
Have you ever collected Unemployment Benefits?	<input type="checkbox"/>	<input type="checkbox"/>
Do you receive Public Assistance?	<input type="checkbox"/>	<input type="checkbox"/>
If so, what type (ex. SNAP, medical card, SSDI)? _____		
Did you used to be monetarily supported by someone and no longer are?	<input type="checkbox"/>	<input type="checkbox"/>
Are you or your child on the free and reduced school lunch program?	<input type="checkbox"/>	<input type="checkbox"/>
Are you or have you been a child in Foster Care?	<input type="checkbox"/>	<input type="checkbox"/>
Is English your second language?	<input type="checkbox"/>	<input type="checkbox"/>

Education	YES	NO
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What is your highest level of education? _____		
As of today, are you attending school?	<input type="checkbox"/>	<input type="checkbox"/>
If so, where? _____		
What is your current GPA? _____		
When do you anticipate graduating? _____		
Do you (or did you) have an IEP while in high school?	<input type="checkbox"/>	<input type="checkbox"/>
Did you receive an expulsion from high school?	<input type="checkbox"/>	<input type="checkbox"/>

Employment Goal	YES	NO
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What is your desired job title (what do you plan to go to school for)? _____		
How much money would you like to make in this position? _____		
How many miles are you willing to travel to make that amount? _____		
Would you be interested in a paid internship?	<input type="checkbox"/>	<input type="checkbox"/>
Would you be interested in improving your workplace skills?	<input type="checkbox"/>	<input type="checkbox"/>

Transportation	YES	NO
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Do you have a valid driver's license?	<input type="checkbox"/>	<input type="checkbox"/>
Do you own a reliable car or have access to one?	<input type="checkbox"/>	<input type="checkbox"/>
Is the vehicle insured?	<input type="checkbox"/>	<input type="checkbox"/>
Are you usually able to find a way to get to places you need to go?	<input type="checkbox"/>	<input type="checkbox"/>

Housing	YES	NO
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Do you have a permanent night residence?	<input type="checkbox"/>	<input type="checkbox"/>
Do you live in Public Housing?	<input type="checkbox"/>	<input type="checkbox"/>
Does your housing situation pose any serious health or safety risks?	<input type="checkbox"/>	<input type="checkbox"/>

Child Care	N/A	YES	NO
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Do you have children under the age of 18?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are you pregnant?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have childcare while working or attending school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you need helping obtaining or paying for child care?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Would access to child care change your employment situation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have access to medical care for your children?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Food and Nutrition	YES	NO
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Do you and your family have adequate access to food?	<input type="checkbox"/>	<input type="checkbox"/>
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Health	YES	NO
Have you ever been in an alcohol or substance abuse program?	<input type="checkbox"/>	<input type="checkbox"/>
Do you receive or have you been referred for mental health services?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any health problems or medical concerns?	<input type="checkbox"/>	<input type="checkbox"/>
Please give any other information that you think may be important? _____		

Legal	YES	NO
Have you (or your parent) ever been arrested or convicted of a crime?	<input type="checkbox"/>	<input type="checkbox"/>
If so, what was it for? _____		
Are you on parole or probation?	<input type="checkbox"/>	<input type="checkbox"/>
Please give any other information that you think may be important? _____		

Would you benefit from learning more about any of the following?	YES	NO
Tutoring/Academic Assistance	<input type="checkbox"/>	<input type="checkbox"/>
Starting your own business/Entrepreneurship	<input type="checkbox"/>	<input type="checkbox"/>
Becoming a home owner	<input type="checkbox"/>	<input type="checkbox"/>
Utility Assistance (LIHEAP)	<input type="checkbox"/>	<input type="checkbox"/>
Money Management	<input type="checkbox"/>	<input type="checkbox"/>
Prenatal Care or Child Health Resources	<input type="checkbox"/>	<input type="checkbox"/>
Sealing/Expunging a criminal record	<input type="checkbox"/>	<input type="checkbox"/>
Counseling or Support Group For _____	<input type="checkbox"/>	<input type="checkbox"/>
How did you hear about us? _____		

WORK HISTORY

Begin with the current or most recent position and list all jobs you have had the last two years.

Employer: _____	
Job Title: _____	
Start Date: _____	End Date: _____
Wage: _____	Hours Per Week: _____
Duties: _____	
Reason for Leaving (laid off/fired/quit): _____	

Employer: _____	
Job Title: _____	
Start Date: _____	End Date: _____
Wage: _____	Hours Per Week: _____
Duties: _____	
Reason for Leaving (laid off/fired/quit): _____	

Employer: _____	
Job Title: _____	
Start Date: _____	End Date: _____
Wage: _____	Hours Per Week: _____
Duties: _____	
Reason for Leaving (laid off/fired/quit): _____	

Employer: _____	
Job Title: _____	
Start Date: _____	End Date: _____
Wage: _____	Hours Per Week: _____
Duties: _____	
Reason for Leaving (laid off/fired/quit): _____	

BASIC SKILLS SCREENING TOOL

Name: _____

Last 4 of SSN: _____

- | | | | |
|---|------------------------------|-----------------------------|---|
| <p>1) Do you have a high school diploma, General Education Development (GED) certificate or High School Equivalency Diploma (HSED)?</p> | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Currently in high school (does not include GED or HSED programs) |
| <p>2) Can you follow basic written instructions and diagrams with no help or just a little help?</p> | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| <p>3) Can you fill out basic medical forms and job applications?</p> | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| <p>4) Without the aid of a calculator, can you add, subtract, multiply and divide with whole numbers up to 3 digits?</p> | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| <p>5) Can you do basic tasks on a computer?</p> | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| <p>6) Do you speak and read English well enough to get and keep a job?</p> | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |

Signature: _____

Date Signed: _____

For internal use only:

Was the individual able to complete the screening tool without help?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>For the Adult Program Only:</p> <p>If any question is answered, "No" or the form could not be completed independently, the individual should receive priority.</p> <p>Does the individual receive priority?</p> <p style="text-align: center;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </p>	<p>For the Youth Program Only:</p> <p>If any question is answered, "No" or the form could not be completed independently, the individual has an eligibility barrier.</p> <p>Does the individual have an eligibility barrier?</p> <p style="text-align: center;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </p>	
Name of Career Planner: _____		
Career Planner Signature: _____ Date Signed: _____		

ESSENTIAL EMPLOYABILITY ASSESSMENT

Please tell us how you feel your skills are related to the following:

Category	Not Really	A Little / Some	I think so / Most of the time	Yes to all / almost always
ATTENDANCE & DEPENDABILITY – I have good attendance at school/work. I am on-time. I meet assignment deadlines.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SELF-PRESENTATION – I take pride in my personal hygiene. I know how to dress according to school/work guidelines.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMUNICATION SKILLS – I listen to others and consider their opinions and viewpoints. I speak clearly. I understand and follow directions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INDEPENDENCE AND INITIATIVE – I try to go above and beyond on school/work goals. I look for extra tasks when mine are complete.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TEAMWORK – I work well with others. I ask questions of my work group. I try to help the group work smoothly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
POSITIVE ATTITUDE – My school/work attitude is positive. I am polite with others around me. I am flexible to change.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PROBLEM SOLVING & CRITICAL THINKING – I make good decisions. I can solve problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WORK ETHIC – I treat other people and property with honesty, fairness, and respect. I accept responsibility for my decisions and actions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
QUALITY OF WORK – I know my school/company goals. I work toward the goals by reviewing my work and using feedback I receive.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DIGITAL LITERACY ASSESSMENT

Please tell us how you feel your skills are related to the following:

Category	Not Really	A Little / Some	I think so / Most of the time	Yes to all / almost always
COMPUTER LITERACY – I can operate a computer, search the internet, send/receive emails, and use computer software.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INFORMATION LITERACY – I can locate online sources and evaluate the source.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MEDIA LITERACY – I can communicate, analyze, and evaluate print and non-print materials.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMUNICATION LITERACY – I can communicate using Microsoft Word or the internet.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VISUAL LITERACY – I can understand graphs, symbols, and pictures that are presented electronically.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TECHNOLOGY LITERACY – I can use computers to improve learning and productivity.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SKILLS ASSESSMENT

Completing a skills assessment helps an individual make an informed decision about their skills. It helps an individual visualize what they know as well as identify gaps where training may be needed to maximize their growth and potential.

Follow the instructions below to identify your highest and lowest skills.

1. Go to <https://www.careeronestop.org/Toolkit/Skills/skills-matcher.aspx>
2. Click on START SKILLS MATCHER
3. Select your skill level for each listed skill
4. After getting your Occupation matches, Click on **SEE YOUR FULL LIST OF SKILLS (it's small on the left hand side)**
5. List below up to 10 of your highest skills

Skills you rated highest	
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

INTEREST ASSESSMENT

Is it helpful to assess your interests because you probably will find that occupations that meet your interests will be more satisfying and rewarding for you than occupations that don't meet your interests. The more aspects of yourself that you use to explore careers, the better chance you have of finding satisfying work.

Follow the instructions below to identify your top interest areas

1. Go to <https://portal.il.cis360.org>
2. Click on IL RESIDENTS
3. Click on JOB SEEKER (Adult)
4. Login using your city and zip code
5. Click on INTEREST PROFILER
6. Choose START, select your responses based on your interests, and click on RESULTS
7. List the description under your top 2 Interest Areas (Social, Investigative, Conventional, etc.)

Interest Area	Description
_____	_____
_____	_____

FINANCIAL LITERACY ASSESSMENT

When you pursue an occupation is it important you choose one that can support your lifestyle. As an adult, you need to pay for housing, food, clothes, transportation, and other items. It is valuable to have a realistic expectation of what salary is needed to support yourself and family.

Follow the instructions below

1. Go to <https://portal.il.cis360.org>
2. Click on IL RESIDENTS
3. Click on JOB SEEKER (Adult)
4. Login using your city and zip code
5. Click on REALITY CHECK
6. Choose START and proceed through the questions
7. List below your total salary needed and review the occupations that meet that salary

Total Salary Needed: _____

PERSONAL BUDGET SHEET

Purpose: to demonstrate your ability or lack of to pay for your classes.

Monthly Income		Monthly Expenses	
(Net) Wages:	\$	Rent/Mortgage:	\$
Self-Employed Wages:	\$	Utilities (total):	\$
Spouse Wages:	\$	<i>Electric: _____ Phone/Internet/Cable: _____</i>	
		<i>Gas: _____ Water/Sewer/Garbage: _____</i>	
Pension:	\$	Installment Payments (total):	\$
Insurance Annuity:	\$	<i>Credit Card Payments: _____</i>	
		<i>Car Payments: _____</i>	
Alimony:	\$	Savings:	\$
Child Support:	\$	Insurance:	\$
Allowance:	\$	Support Payments:	\$
Social Security:	\$	Transportation/Gas:	\$
Public Aid (cash or food stamps):	\$	Food:	\$
Unemployment:	\$	Clothing:	\$
Other Sources:	\$	Household Supplies:	\$
		Medical/Dental:	\$
		Miscellaneous (total):	\$
		<i>Kids: _____ Pets: _____ Hobbies: _____</i>	

LABOR MARKET RESEARCH

The primary goal of the Workforce Innovation & Opportunity Act Program is to assist customers reach their career goal in preparing them for jobs that are IN DEMAND. As you explore a job or career path, it is important to understand what jobs have the best potential for future growth and employment. By reviewing **Labor Market Information** (LMI) you can find out what the expected number of job openings are for a career field, how much a job pays as well as pertinent information related to the occupation.

Follow the instructions below and research LMI data for your desired occupation:

1. Go to <https://portal.il.cis360.org>
2. Click the **IL Residents tab**
3. Click on **Job Seeker (Adult)**
4. Login using your city and zip code
5. Click **Careers** at the top and then click on **Careers**
6. Search for and then click on your desired career/occupation

Occupational Choice: _____

Job Description

Skills & Abilities: _____

Working Setting (Hours/Travel): _____

Physical Demands: _____

Wages

Median Wage for Kankakee-Morris-Pontiac Area: _____

Employment & Outlook

For the **Kankakee-Morris-Pontiac Area:**

Current Employment (# of people): _____ **Job Growth (%)**: _____ **Job Openings** (# of jobs): _____

Education & Training

Preparation: _____

Licensing/Certification (if applicable): _____

ACADEMIC PLAN

It is *your responsibility* to develop a plan that demonstrates your ability to complete your training in a timely manner. Our scholarship limited to a maximum of **three years** or **\$12,000 in tuition funding**, whichever comes first. **If you anticipate graduating in more than 3 years, we suggest waiting to apply for our scholarship until you are within that time limit.** Please be mindful of any pre-requisites which could impact timely completion of your career goal. Your school/program of choice must be listed on the IL Eligible Training Provider List:

<https://www.illinoisworknet.com/Training/Pages/WIOATrainingProgramSearch.aspx>

School: _____ Training Program: _____

Planned Start Date: _____ Anticipated Completion Date: _____

Anticipated method of training (classroom, online, hybrid): _____

Example

Sem/Yr	<i>FA23</i>				
1st Class	<i>COMS 101</i>				
2nd Class	<i>NURS 110</i>				
3rd Class	<i>HLTH 120</i>				
4th Class					
5th Class					

Sem/Yr					
1st Class					
2nd Class					
3rd Class					
4th Class					
5th Class					

Before returning, please make sure this entire packet is completed. You will not be awarded our scholarship if it is not. Completion of this application is not a guarantee you will receive funds. Scholarships are awarded based on availability.

Questions or to return this application: livingstonworkforceservices@gmail.com or 309-268-8280

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