



DATE: _____ - _____

FIRST NAME: _____ LAST NAME: _____

CONTACT INFORMATION

PHONE: _____

ADDRESS: _____

EMAIL: _____

PERSONAL INFORMATION

DATE OF BIRTH: ___/___/_____

IDENTIFIES AS:

Race _____ Ethnicity _____ Gender _____

EDUCATION

HIGH SCHOOL DIPLOMA/HSE _____ LAST GRADE COMPLETED _____

REASON FOR WITHDRAWING FROM HIGH SCHOOL: _____

COLLEGE: _____ DEGREE: _____

SOME COLLEGE: _____ AREA OF STUDY: _____

TRADE SKILL CERTIFICATIONS: _____

FINANCIAL:

HAVE YOU APPLIED FOR FINANCIAL ASSISTANCE?

FASFA ___ WIOA ___ OTHER _____

EMPLOYMENT:

CURRENT JOB_____

UNEMPLOYED: _____

LAST JOB: BRIEF DESCRIPTION

LIST SPECIFIC SKILLS:

CERTIFICATE PROGRAMS/Anticipated date of Completion

ELECTRICAL

PLUMBING

PIPEFITTERS

HEALTHCARE

WELDING

OTHER

PLEASE DETAIL IN A SHORT PARAGRAPH HOW YOUR SKILLS WOULD ASSIST YOU IN MANAGING A SCHOOL PROGRAM AND WHAT PARTICULAR BARRIERS, YOU FEEL YOU MIGHT ENCOUNTER AND HOW WIN COULD ASSIST.

By signing this form, **I consent** to participating in the WIN “Good Jobs Grant” and give my permission to add this information to WIN Connect (Unite Us) for reporting purposes to the U.S. Economic Development Administration and the Census Bureau. **WIN Connect and the WIN Connect staff respect your privacy and we are FERPA & HIPAA compliant.**

This information is used for data collection purposes only. The information provided will not be used or shared with any other entity for any purpose.

Signature

Date

Print Name