

APPLICANT AGREEMENT WORKFORCE 21 SCHOLARSHIP



The application must be completed in its entirety, and is for the sole use of the Full Employment Council, Inc./Missouri Career Center. Please Note: The information collected in this application is required and will be kept confidential.

THE CRITERIA AND TERMS FOR CLASSROOM OCCUPATIONAL SKILL TRAINING WILL INCLUDE THE FOLLOWING:

- Customer will utilize https://jobs.mo.gov/ to identify WIOA eligible training provider, using the search fields at https://scorecard.mo.gov/
- Training must be in an in-demand occupation, as identified by the Missouri Economic Research and Information Center (MERIC) https://meric.mo.gov/ and current economic conditions.
- Certificate program and/or tuition assistance must be 12-months or less and must result in a diploma, degree, or certification, and must lead to fulltime employment
- Eligibility will be determined by assessment tools: the Test of Adult Basic Education (TABE) or Workkeys (if you have passed an assessment(s) without need for prerequisites, your score may be considered a substitute for taking TABE)
- Customer will attend classroom occupational skill training fulltime, if not employed
- Customer must agree to provide monthly updates regarding progress in the form of a Career Center visit, email, or phone call
- Customer will provide the Full Employment Council with a copy of the certificate, upon completion of the program
- The costs of prerequisite courses for classroom occupational training are not funded and therefore must be paid for by the individual
- Master's degree programs are not funded

Please note: As a participant of the Workforce 21 Scholarship program, you are required to communicate with staff of the Full Employment Council/Missouri Career Center as needed. Your information and/or feedback will remain confidential, and will be used for sole use by the Full Employment Council/Missouri Career Center, as well as the U.S. Department of Labor. In addition, you will also be required to participate in all surveys and answer any questions, in relation to your employment status, wage gains, or other employment training information, as your feedback will assist in determining the effectiveness of the program.

I fully understand the classroom occup	ational skill training criteria, and agree to the terms as s	tated above.
☐ Yes	□ No	
Applicant's Signature	Da	te

Information about this application: The U.S. Department of Labor, Employment and Training Office (ETA) and Office of Management and Budget (OMB) required that grantees collect and report participant level data on sex, race and ethnicity of all participants and individuals who receive training and other services provided through federally funded grant projects. This data is for analysis and in order to provide information to ETA in aggregate in quarterly performance reports. All information will be treated as confidential and does not impact the ability of individuals to receive training or other services.

www.feckc.org

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RELEASE OF INFORMATION





I hereby authorize the FULL EMPLOYMENT COUNCIL, to contact my employer/training institution/community agency to obtain information relating to my employment and/or educational attainment during follow-up for purposes of obtaining data relevant to Workforce Investment Opportunity Act performance.

I hereby authorize the Office of Workforce Development to release information to the Full Employment Council for the purpose of WIOA eligibility determination.

Signature	Date	

The Full Employment Council, Inc. is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. All voice telephone numbers may be reached by persons using TTY/TDD equipment via the Missouri Relay Service at 711.