

Opportunity Grant Application

Directions: Complete the entire application – type or write legibly in blue or black ink.

Name (Last, First, Middle Initial) _____ Social Security Number _____

/ / _____ E-mail Address _____
Date of Birth

Street Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell/Work Phone (circle one) _____

Educational History - Prior Education:

High School Diploma Yes No Year Received _____

Name of High School	Location-city, state

Have you been or are you currently enrolled in any of the following programs:

Adult High School, GED, ESL or ABE Yes No If YES, circle which one(s)?

Did you complete a GED or an Adult High School Program? Yes No

If YES, YEAR completed _____

Are you currently a registered student at an educational institution? Yes No

If YES name of the institution? _____

Number of credits you have completed? _____ Number of credits you are registered for? _____

Have you attended any other educational institutions? Yes No

If yes, please complete the following:

EDUCATION/TRAINING:

INSTITUTION AND LOCATION	DEGREE (if applicable)	YEAR(s)	FIELD OF STUDY

Opportunity Grant Eligible Programs

After you have met with your Job Service/Center staff to discuss the Opportunity Grant Program, please select below the educational opportunity you are seeking based on the eligible Fields of Study for your area? (Please select only one program)

Eligible Field of Study

- | | |
|--|---|
| <input type="checkbox"/> Health Care | <input type="checkbox"/> Advanced Manufacturing |
| <input type="checkbox"/> Biotechnology | <input type="checkbox"/> Information Technology |
| <input type="checkbox"/> Energy | <input type="checkbox"/> Other Local Demand Occupation: _____ |

What Degree or Certificate will you be working on?

- | | |
|---|---|
| <input type="checkbox"/> Bachelor's degree | <input type="checkbox"/> Certificate or Diploma (less than two years) |
| <input type="checkbox"/> Associate degree | <input type="checkbox"/> Certificate or Diploma (more than two years) |
| <input type="checkbox"/> Registered Apprenticeship program: _____ | |

What quarters do you plan on attending during the 2009-2010 academic year? (Mark ALL that apply.)

- Fall 2009 Winter 2009 Spring 2010 Summer 2010

Are you planning to attend?

- Half-time (6-8 credits) Less than half-time (5 credits or less)

How did you learn about the Opportunity Grant program?

What factors influenced your decision to choose the Opportunity Grant Program?

Applicant's Signature

Date

Applicant ID #

Applications can be submitted to:

Wanda Palmer
Workforce Connections, Inc.
402 N. 8th Street, PO Box 2908
La Crosse, WI 54602-2908
608-789-5645 or 800-742-JOBS