



Shenandoah Valley Workforce Investment Board, Inc.  
**Participant Application**

**Participant Eligibility Information**

Check one from options below and complete additional information as required based on your selection.

☐ You have been terminated or laid-off or you have received a notice of termination or lay-off from employment.

Provide one of the following documents.

☐ Termination notice is provided and attached

☐ Employer statement of separation on employer letterhead is provided and attached

☐ Proof of unemployment claim is provided and attached

☐ You were self-employed, but are now unemployed. Explain previous work as self-employed and end date for self-employment.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

☐ You are without a job, want to work and are available to work. Explain how long you have been unemployed, your availability to work full time and your current skills. \_\_\_\_\_

\_\_\_\_\_

☐ You are a high school student and dual enrolled in grant approved credit courses.

Read options below and check all that apply.

☐ You are currently employed part-time and need training to secure full-time employment.

☐ You seek training to advance in your career.

☐ You desire training to upgrade your skills.

☐ You desire training to retain work in your current occupation.

If employed, provide employer information below.

Employer Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Employer Address: \_\_\_\_\_ Employer Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Participant Information**

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Secondary Phone Number \_\_\_\_\_

Gender: ☐ Male ☐ Female Date of Birth (mm/dd/yyyy): \_\_\_\_\_

Ethnicity: ☐ Hispanic/Latino Race: ☐ American Indian or Alaska Native ☐ Asian

☐ Black/African American ☐ Native Hawaiian or Other Pacific Islander

☐ White ☐ More Than One Race

Education Level (check highest level completed): ☐ 8<sup>th</sup> Grade and Under ☐ 9<sup>th</sup>-12<sup>th</sup> Grade

☐ HS Graduate or Equivalent

☐ 1-3 Years of College or Full Time Technical or Vocational School

☐ 4 Years College or More

Age Category: ☐ Younger than 18 Years ☐ 18-24 Years ☐ 25-34 Years ☐ 35-44 Years

☐ 45-54 Years ☐ 55 Years or Older

Are you a Veteran? ☐ Yes ☐ No

Have you registered with the Selective Service if you are a male citizen or male alien in the United States and are at least 18 years of age? ☐ Yes ☐ No ☐ Not required to register, born before January 1, 1960.

Do you have limited ability in speaking, reading, writing or understanding the English language? ☐ Yes ☐ No

Is your native language a language other than English? ☐ Yes ☐ No

Do you live in a family or community environment where a language other than English is the dominant language? ☐ Yes ☐ No

Do you identify yourself as having a "disability" as defined in Section 3(2) (a) of the Americans with Disabilities Act of 1990?  
☐ Yes ☐ No

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#### RELEASE OF INFORMATION

I understand that in accepting this scholarship from the Shenandoah Valley Energy Partnership Grant through the Shenandoah Valley Workforce Investment Board, Inc., I agree to the following terms:

I authorize, with my signature below, the release of information from the training provider and others involved in my training and employment to personnel working with the Shenandoah Valley Energy Partnership Grant at the Shenandoah Valley Workforce Investment Board, Inc. Information will pertain to education outcomes, dates enrolled, credentials earned, services provided, employment status, dates worked, compensation, title, and other information necessary to verify training progression and completion as required by the U.S. Department of Labor for the Shenandoah Valley Energy Partnership Grant. I understand this information will be kept in strictest confidence. **My Release of information will expire February 28, 2013.**

**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

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Equal Opportunity Program. Auxiliary aids and services are available upon request to individuals with disabilities.

#### CONTACTS FOR FURTHER INFORMATION ON SVEP GRANT REGISTRATION

*If interested in training through Lord Fairfax Community College;*  
Sherry Pinto ~ spinto@lfcc.edu ~ 540-705-5392

*If interested in training through Dabney S. Lancaster Community College, Blue Ridge Community College, James Madison University, or Virginia Manufacturers Association:*  
Emily Sterrett ~ esterrett@valleyworkforce.com ~ 540-705-5393

*If interested in registered apprenticeship coursework through Massanutten Technical Center, Valley Vocational Technical Center, Jackson River Technical Center, or Dabney S. Lancaster Community College:*  
Justin Rodgers ~ jrodgers@valleyworkforce.com ~ 540-705-5391