

NORTHWESTERN CONNECTICUT COMMUNITY COLLEGE

SNAP SCHOLARSHIP APPLICATION FORM

This scholarship is made available with a federal grant and is administered through the State of Connecticut Department of Social Services (DSS). DSS has partnered with Northwestern Connecticut Community College (NCCC) as a provider of educational services.

All scholarship recipients must possess a strong desire to train in an area of interest that will help them acquire a better paying job. The application process is competitive and only a limited number of applicants will be awarded the scholarship. Applicants must be 18 years of age or older and receive Supplemental Nutrition Assistance Program (SNAP) benefits at the time of application and five days prior to the start of the class. Individuals who receive cash assistance are not eligible for this scholarship.

All personal information collected for this application will be kept confidential, but aggregated information from all applicants may be shared with other agencies. Answer all questions honestly as all background information will be verified before an award is granted.

Applicant Information:

<i>SNAP Identification Number:</i>					
<i>Last Name:</i>		<i>First Name:</i>			
<i>Street Address</i>					
<i>City:</i>		<i>State:</i>		<i>Zip Code:</i>	
<i>Mailing Address (if different from street address)</i>					
<i>Home Phone:</i>		<i>Cell Phone:</i>			
<i>Email address:</i>		<i>Date of Birth:</i>			
<i>Receiving Other Social Service Benefits: (circle all that apply)</i>		Yes	No		
Cash Assistance	Food Stamps	Insurance	Fuel Assistance		
<i>How Did You Hear About This Program?</i>					

General Information: Please circle the answer that is most appropriate.

<i>Race:</i>	African American	Asian Pacific Islands	Caucasian	Hispanic	Other
<i>Ethnicity:</i>	Hispanic/Latino	Not Hispanic/Latino	<i>Preferred Language:</i>		
<i>Household Composition</i>	# Adults	# Children			

<i>Connecticut Resident:</i>	Yes	No	<i>Gender:</i>	Male	Female
<i>United States Citizen:</i>	Yes	No	<i>High School Diploma:</i>	Yes	No
<i>Veteran:</i>	Yes	No	<i>GED:</i>	Yes	No
<i>Criminal Record:</i>	Yes	No	Date	Violation	
<i>Felony Record:</i>	Yes	No	Date	Violation	

Education:

<i>Education</i>	<i>Name of School</i>	<i>Dates of Attendance</i>	<i>Degree Received</i>	
<i>College</i>			Yes	No
<i>High School</i>			Yes	No
<i>GED</i>			Yes	No
<i>Last Grade Completed</i>				

Work Experience: List Two Most Recent Employers.

Work Experience # 1—(Most Recent Work Employer)	
<i>Dates of Employ (Start-Stop)</i>	
<i>Name of Employer</i>	
<i>Name of Direct Supervisor</i>	
<i>Telephone/Email Contact</i>	
<i>Position Held by You</i>	
<i>General Duties Performed by You</i>	
Work Experience #2	
<i>Dates of Employ (Start-Stop)</i>	
<i>Name of Employer</i>	
<i>Name of Direct Supervisor</i>	

<i>Telephone/Email Contact</i>	
<i>Position Held by You</i>	
<i>General Duties Performed by You</i>	

References: List two individuals, **OTHER THAN FRIENDS AND FAMILY**, that we may contact as a personal or professional reference. These individuals **MAY NOT** be friends or relatives but can be employers, teachers, neighbors, counselors, pastors, etc.)

Reference # 1	
<i>Name:</i>	
<i>Address:</i>	
<i>City, State, Zip</i>	
<i>Telephone</i>	
Reference #2	
<i>Name:</i>	
<i>Address:</i>	
<i>City, State, Zip:</i>	
<i>Telephone:</i>	

Program Information:

<i>Check the program you are applying for:</i>					
Office Support Professional	Web Developer	Manufacturing Solderer	Emergency Medical Technician	Veterinary Technologists and Technicians	
Preschool Teacher	Psychiatric Technician	Medical Assistant	Nurse	Computer Network Support Specialist	
CNA Certified Nurse Aide	Direct Support Professional	Elder Care Assistant	Medical Records and Health Information Technician	Pharmacy Technician	
<i>What is the start date of program?</i>					
<i>Have you applied for or received a scholarship to attend the SNAP training program anywhere in the State of Connecticut before? If yes, explain.</i>				Yes	No

Emergency Contact Information:

<i>Name of Person to Contact:</i>	
<i>Relationship to You:</i>	
<i>Telephone:</i>	

SNAP SCHOLARSHIP ESSAYS

Goals for Future Employment and Education:

Summarize how you will benefit from this program. Why did you pick this training program? And why now? How will it impact your future education and employment?

Special Skills, and/or Qualifications:

Summarize special skills and qualifications you have acquired from employment, volunteer work or through other activities that make you the perfect candidate for this scholarship program. In other words, why do you feel you deserve this scholarship?

LEARNING AGREEMENT, PHOTO & FERPA RELEASE

As a participant in the Northwestern Connecticut Community College (NCCC) SNAP Scholarship Program, you will receive job training to prepare you to enter the workforce. Tuition and materials have been provided to you free of charge. In return, it is expected that you show a strong commitment to the SNAP program and to NCCC. Your signature below indicates agreement to the following:

Learning Agreement:

- I will successfully complete my placement test, entire training program and required examinations.
- I agree to provide appropriate documentation (resume, cover letter, etc.) that will help secure employment. Workshops are available to assist with this required documentation.
- I understand that attendance is a vital part of learning and will be in compliance with all class attendance requirements.
- I will show proof of all immunizations required by NCCC or the externship sites.
- I will keep the SNAP Scholarship Coordinator at NCCC aware of any changes to my name, address, phone numbers, or email address.
- I will abide by all policies outlined in the student handbook or stated rules and regulations on class syllabi.
- I will ask for support from instructors and Program Coordinators if needed.
- I will continue to update the SNAP Scholarship Coordinator after completion of the training on my status of employment.
- I have informed the SNAP Scholarship Coordinator at NCCC if I have participated in any other SNAP funded education program in the past.
- I have informed the staff of NCCC if I have been convicted of a felony that might affect my ability to get employment in the particular field that I am being trained in.

Photo Release:

- I hereby grant NCCC permission to use my name or likeness in photograph(s)/video in any and all of its publications and in any and all other media, whether now known or hereafter existing, controlled by NCCC in perpetuity, and for other use by the College. I will make no monetary or other claim against NCCC for the use of my name and/or photograph(s)/video.

FERPA Release:

- I grant NCCC permission to release my education records to the Department of Labor, Workforce Investment Boards, Department of Social Services and NCCC.

Those seeking more information about the availability of academic adjustments and modification related to a qualifying disability should contact Christine Woodcock, Learning Disabilities Counselor, Green Woods Hall, Room 211, or at (860) 738-6318. All such requests are evaluated on an individual basis.

I certify that the information provided above is, to the best of my knowledge, true and correct.

Printed Name: _____

SNAP Participant Signature _____ Date: _____