



Connecticut's SNAP Employment and Training Program



Your Path To Employment

SNAP SCHOLARSHIP APPLICATION

APPLICANT INFORMATION				
Name:		Date:		
Date of Birth:	SSN:	DSS Client #:		
Street Address:				
City:	Zip Code:	Phone Cell:		
Email:		Home:		
SNAP Household Size		# of Adults	# of Children	
Gender: <input type="checkbox"/> Male	Race:	American Indian		Ethnicity:
<input type="checkbox"/> Female		Alaska Native		
		Asian		
		Black or African American		
		Native Hawaiian/Pacific Islander		
		White		
		Other		
		Unknown		<input type="checkbox"/> Hispanic or Latino
Language:				
How did you hear about the program?				
Have you ever been convicted of a crime? No/Yes		If yes:	Date:	Violation:
EDUCATION INFORMATION				
Do you have a high school diploma or GED?				
What is your highest level of education?				
List all colleges you have attended:				
Have you ever participated in a SNAP employment and training program? No/Yes		If yes:	Dates:	School: Program:
FINANCIAL INFORMATION				
Have you or are you currently receiving the following services? Circle all that apply				
Cash Assistance(TFA)	SNAP	Insurance	Social Security	
Are you currently employed?				
Are you currently receiving unemployment?				
Do you need training to continue current employment?				



Connecticut's SNAP Employment and Training Program



Your Path To Employment

EMPLOYMENT HISTORY						
Employer Name: _____			Position Title: _____			
City, State: _____			Hours per Week: _____			
Start Date: _____			End Date: _____			
Employer Name: _____			Position Title: _____			
City, State: _____			Hours per Week: _____			
Start Date: _____			End Date: _____			
Employer Name: _____			Position Title: _____			
City, State: _____			Hours per Week: _____			
Start Date: _____			End Date: _____			
References: List two individuals, OTHER THAN FRIENDS AND FAMILY , that we may contact as a personal or professional reference. These individuals should not be relatives but can be employers, teachers, neighbors, etc.						
Reference # 1						
Name:						
City, State:						
Telephone:						
Reference # 2						
Name:						
City, State:						
Telephone:						
PROGRAM INFORMATION						
Circle the program you are applying for:						
Non-Credit Selections						
Certified Nurse Aid (CNA)	Patient Care Technician (PCT)	Pharmacy Technician	Security Officer: Guard Card Certification	Medical Billing and Coding	EKG	Basic Life Support
Credit Selections						
Please note: If you are requesting funding for a credit program, you must complete the Free Application for Federal Student Aid (FAFSA) in addition to this application.						
Accounting	Business Administration	Computer Science	Criminal Justice	Early Childhood Education	Engineering	Technology Studies



Connecticut's SNAP Employment and Training Program



Your Path To Employment

Please describe your career goals:

Why do you want to participate in the program:

What have your previous experiences in school been like? (check all that apply)

- | | | |
|------------------------------------|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> Rewarding | <input type="checkbox"/> Encouraging | <input type="checkbox"/> Frustrating |
| <input type="checkbox"/> Fun | <input type="checkbox"/> Challenging | <input type="checkbox"/> Discouraging |
| <input type="checkbox"/> Exciting | <input type="checkbox"/> Easy | <input type="checkbox"/> Difficult |

Please list some of your strengths, skills, abilities and/or interested that will help you reach your career goals.

What are some potential obstacles and challenges that you may encounter in pursuing your career goals? Some examples include: transportation, childcare, time commitment, housing, legal issues, etc.

Student Signature: _____ Date: _____
Coordinator Signature: _____ Date: _____