



Randolph Community College Participant Application

Please Print

Program participating in:	
<input type="checkbox"/>	Computer-Integrated Machining
<input type="checkbox"/>	Electrical Systems Technology
<input type="checkbox"/>	Mechatronics Engineering Technology
<input type="checkbox"/>	Welding Technology
Con-Ed? <input type="checkbox"/> Yes <input type="checkbox"/> No	

PARTICIPANT INFORMATION					
Last Name:		First:	M.I.:	Student ID#	
Primary Address:				Social Security #:	
City:				Date of Birth:	
State:	Zip:	County:		Email Address:	
Home Phone:			Alternate Contact Name/Relation/Phone:		
Cell Phone:					
Work Phone:					
GENERAL INFORMATION					
Gender:	Ethnicity:	Marital Status:	Race:		
<input type="checkbox"/> Male	<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Single	<input type="checkbox"/> American Indian/ Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Multi-Racial <input type="checkbox"/> White <input type="checkbox"/> Other _____		
<input type="checkbox"/> Female	<input type="checkbox"/> Non-Hispanic/Latino	<input type="checkbox"/> Married			
Citizenship Status:			Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> U. S. Citizenship <input type="checkbox"/> Lawfully admitted alien with right to work Are you a Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you eligible for Veteran's benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you acknowledge a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you eligible for Pell Grant? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you eligible for TAA Benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No			If so, what is your hourly wage and hrs/wk? _____ Do you have stable housing? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have reliable transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have reliable childcare? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Are you currently laid-off from your last job? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, are you receiving unemployment benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No		

I understand that my participation in the SEELC Grant program is voluntary. By signing below I consent to participate in the SEELC Grant and attest that the information provided is complete and accurate to the best of my knowledge. I authorize the release of information relative to my participation in this program to required third parties including SEELC, the Department of Labor, and ICF International, the grant's third party evaluator. The principle purpose for collecting this information is to administer the program, including tracking and evaluating participant progress. I also authorize the release of any information relative to my placement, employment, and training to and from prospective employers, training institutions, state agencies, and federal agencies for the duration of the grant. All information provided is for the sole use of the purpose of the SEELC Grant program and will be maintained securely and confidentially.

Participant's Signature: _____ Date: _____

SEELC Office Use		
Case #:	Entered into ETO by:	Date:

Notes:

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