



# ARIZONA REGIONAL ADVANCED MANUFACTURING PROFESSIONAL UPGRADE PARTICIPANT FORM

## PARTICIPANT INFORMATION

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_ Email Address \_\_\_\_\_

Social Security # \_\_\_\_\_ Married: ☐ Yes ☐ No \_\_\_\_\_ Alternate Email Address \_\_\_\_\_

## ALTERNATE CONTACT

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_

## CHARACTERISTICS

U.S. Citizen: ☐ Yes ☐ No Gender: ☐ Male ☐ Female Ethnicity: ☐ Hispanic/Latino ☐ Non-Hispanic/Latino

Race: (Do not mark more than one\*)  
☐ 1. American Indian or Alaskan Native ☐ 4. Hawaiian or Other Pacific Islander ☐ 7. Blank/ No Self-Disclosure  
☐ 2. Asian ☐ 5. White  
☐ 3. Black or African American ☐ 6. More than one race

## EDUCATION BACKGROUND (Highest Education Level attained at time of Program Enrollment)

☐ High School Diploma/GED ☐ Some College  
☐ Associate Degree ☐ Bachelor's Degree ☐ Master's Degree

Current Status: ☐ Full-time ☐ Part-time

## MILITARY HISTORY

Please circle a number that best designates your military status using the numbered criteria listed below:

1 2 3 4

1= Yes, <= 180 days (Served and discharged or released from service under conditions other than dishonorable)

2= Yes, Eligible Veteran (Served and discharged or released with other than dishonorable discharge or because of service-connected disability or because of member of reserve component that was in active duty)

3= Yes, Other Eligible Person (Spouse of person who died on active duty or service-connected disability, spouse of active duty member MIA, POW or detained in line of duty by foreign government, spouse of person with service-related total permanent disability)

4= No

## EMPLOYMENT STUDY (Select the one that best describes your current status)

☐ Employed ☐ Underemployed ☐ Unemployed

**Unemployment Compensation Status:** (Select the one that best describes your current unemployment compensation insurance (UI) status)

☐ I am eligible and claiming UI ☐ The job that I have received a Notice of Termination is a UI Covered job  
☐ I have exhausted my UI ☐ I am not eligible for UI ☐ None of the Above

**Current Wage/Salary or Unemployment Wage:**

Hourly Wage \$ \_\_\_\_\_ Hours Worked per Week \_\_\_\_\_

## TRAINING GOALS

**Enrollment Plan:** ☐ Full-time ☐ Part-time

Program of Study:

What is your educational goal? ☐ Certificate ☐ Degree ☐ Undecided

Are you eligible for Trade Adjustment Assistance? ☐ Yes ☐ No Have you applied for Financial Aid? ☐ Yes ☐ No

Are you Pell Grant eligible? ☐ Yes ☐ No

What type of job do you hope to obtain after completing your training?

Other Demographic Measure (Any additional information student would like to provide that will be helpful for their educational goals)?

How did you learn about the AZRampUp program: ☐ Advertisement ☐ Career Fair ☐ Recruiter ☐ High School ☐ Word-of-Mouth  
☐ One-Stop Workforce Center - Please indicate which one: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

By signing this consent form, I confirm that I have read and understood the information and have had the opportunity to ask questions. I further attest that the above information is accurate to the best of my knowledge. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving a reason, without costs, and without any effect on class grades.

Applicant Signature

Date

## FOR INTERNAL USE ONLY

Form Reviewed By

Date

☐ Eligible Participant ☐ Not eligible

Explanation:

Accepted on \_\_\_\_\_ (date) as a ☐ Pre-Participant ☐ Participant

Data Entered to Database By

Date

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