

MoSTEMWINS
REGISTRATION FORM
Please Print



STUDENT INFORMATION		Program of Study:			Start Date:		
Last name:		First:		Middle Initial:	Birth date:	Age:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Street address:				City:		State:	ZIP:
Contact phone # :				Email address:			
Ethnicity: <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Black/African American <input type="checkbox"/> More than one race <input type="checkbox"/> Native Hawaiian/Other Pacific Islander		<input type="checkbox"/> Asian <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Specified <input type="checkbox"/> White		Are you of Hispanic/Latino origin? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you a US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No, but work authorized (Documentation must be presented if authorized to work)	
Entering Student Status: <input type="checkbox"/> New, first-time any college <input type="checkbox"/> Previously attended college <input type="checkbox"/> Returning student from current college							
DISABILITY/EMPLOYMENT/MILITARY/SCHOOL INFORMATION							
DISABILITY INFORMATION				TAA/TRA INFORMATION			
Are you disabled?		<input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what percent?		Are you eligible for TAA/TRA benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No	
EMPLOYMENT INFORMATION							
Are you currently employed?		<input type="checkbox"/> Yes <input type="checkbox"/> Under-Employed <input type="checkbox"/> No		If yes , who is your employer?		<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	
If no , do you receive Unemployment Benefits?		<input type="checkbox"/> Yes <input type="checkbox"/> No		What is your occupation?			
				What are your current monthly gross earnings? \$			
MILITARY INFORMATION							
Have you completed your Selective Service Registration? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable							
Are you a US Military Veteran or a Spouse to a Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Spouse		Branch of Military Service		From (date)		To (date)	
SCHOOL INFORMATION							
Session: Spring 2017 Summer 2017 Fall 2017 <input type="checkbox"/> Spring 2018		Highest Educational Level Completed: <input type="checkbox"/> Less than HS Diploma/ no GED <input type="checkbox"/> HS Diploma/GED <input type="checkbox"/> Some College, no degree <input type="checkbox"/> Completed AA/AAS degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Graduate Study above Bachelor's				Are you currently attending college? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, which college? Full Time (12+ hrs fall/spring or 6+ hrs summer) Part Time (<12 hrs fall/spring or < 6 hrs summer)	
Will this course/certification allow you to retain/maintain your current level of employment? Yes No Explain:							
What is your major?		If UNDECIDED , what majors are you considering?		Educational Goal: Non-Credit certificate Credit < 1 year certificate Credit 1 year certificate Credit Associate Degree		How will this course/certification benefit your current employment situation, please explain:	
Student ID:		Declared Major:					

This program is funded in part by the MoSTEMWINS \$19.7 million grant from the U.S. Department of Labor, Employment and Training Administration (TAACCCT). The product was created by the grantee and does not necessarily reflect the official position of the U.S. Department of Labor. The Department of Labor makes no guarantees, warranties or assurances of any kind, express or implied, with respect to such information, including any information on linked sites and including, but not limited to, accuracy of the information or its completeness, timeliness, usefulness, adequacy, continued availability, or ownership.

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What was your initial point of contact for this program?

St. Charles Community College

Career Center

Other _____

The information contained in this document is true and accurate to the best of my ability. I understand that information on my student enrollment form and additional testing data will be shared with the Missouri Department of Elementary and Secondary Education (DESE), approved MoSTEMWins partners, its funding entities and/or other personnel for the purpose of compiling and reporting information as required. In accordance with the Privacy Act of 1974 (Public Law No. 93-579, 5 U.S.C. 552a), you are hereby notified that the Department of Labor is authorized to collect information to implement the Trade Adjustment Assistance Community College and Career Training Program under 19 USC 2372 – 2372a. The purpose for collecting this information is to administer the program and evaluate participant progress. Providing this information, including a social security number (SSN) is voluntary; failure to disclose a SSN will not result in the denial of any right, benefit or privilege to which the participant is entitled. I am aware that some programs of study require a social security number in order to comply with admission's background check and drug testing requirements.

Social Security#:

Print Name:

Student Signature:

OFFICE USE ONLY

Information below must be verified by SCC Intake Personnel	SCC Intake Personnel Signature & Date of Verification
<input type="checkbox"/> Social Security Number	
<input type="checkbox"/> Birth Date (Driver's License or Valid Missouri ID)	
<input type="checkbox"/> JOBS.MO.GOV Enrollment (Documentation needed for file)	
<input type="checkbox"/> Selective Service Registration (If Applicable)	
<input type="checkbox"/> U.S. Veteran Status (If Applicable)	
<input type="checkbox"/> TAA/TRA Eligibility Status (If Applicable)	
<input type="checkbox"/> Proof of Citizenship/Authorization to work (Documentation needed for file)	
<input type="checkbox"/> Financial Aid Documentation (If Applicable)	

Grant Eligibility/Priority Status	SCC Intake Personnel Signature & Date of Verification
<input type="checkbox"/> TAACCT Eligible	
<input type="checkbox"/> U.S. Veteran Status	
<input type="checkbox"/> Unemployed	
<input type="checkbox"/> Under-Employed	
<input type="checkbox"/> Low-Skilled - as defined by DOL	

Consent Form Completed	SCC Intake Personnel Signature & Date of Verification
<input type="checkbox"/> YES - Consent given to share data with DOL	
<input type="checkbox"/> NO - Declined consent to share data with DOL	

Contact Scott Kearns with questions
636-922-8667 or skearns@stchas.edu

Return Completed Application to:
Scott Kearns
St. Charles Community College
4601 Mid Rivers Mall Dr., SC203
Cottleville, MO 63376
Fax: (636)922-8524

(OFFICE USE)		
WorkKeys Assessment (NCRC)	Date Taken:	Level Achieved
Applied Math	Score: <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	Platinum <input type="checkbox"/>
Reading for Information	Score: <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	Gold <input type="checkbox"/>
Locating Information	Score: <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7	Silver <input type="checkbox"/>
		Bronze <input type="checkbox"/>

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