



MMW / STC Student Number

(For office use only)

## State Technical College of Missouri Application for Admission to MoManufacturingWINS

*The MoManufacturingWINS Application is designed for those students who wish to enroll in classes at State Technical College of Missouri (STC). Please contact the MoManufacturingWINS Grant Office, at 573-897-5321 or by email [nancy.wiley@statetechmo.edu](mailto:nancy.wiley@statetechmo.edu) if you have questions.*

**Please check which program of study you are interested in:**

- Machine Tool - Linn**
                 
  **Intro. To Welding - Linn**
                 
  **Machine Tool - St. Charles**

**PERSONAL / EMPLOYMENT INFORMATION**

**DATE:** \_\_\_\_\_

1. Print your Full Legal Name: \_\_\_\_\_  

\_\_\_\_\_ Last
\_\_\_\_\_ First
\_\_\_\_\_ Middle
2. Maiden/Other Names Used: \_\_\_\_\_  

\_\_\_\_\_ Last
\_\_\_\_\_ First
\_\_\_\_\_ Middle
3. Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_. *(Some programs of study require a full social security number in order to comply with Admission's background check and drug testing. You will receive a Student ID Number – your SS# is still needed)*
4. Your MOSIS Number if you have one: \_\_\_\_\_  
*(Applicable only if you attended a public high school in Missouri after 2007.)*
5. Permanent Address, Includes County: \_\_\_\_\_  

\_\_\_\_\_ Number & Street or RFD No.
\_\_\_\_\_ Apt. No. or Box No.

\_\_\_\_\_ City
\_\_\_\_\_ State
\_\_\_\_\_ Zip
\_\_\_\_\_ County
\_\_\_\_\_ Country
6. Email Address *(Complete only if you are a regular email user.):* \_\_\_\_\_
7. Daytime Phone Number: \_\_\_\_\_ Evening Phone Number: \_\_\_\_\_
8. Gender: \_\_\_ Male \_\_\_ Female
9. Date of Birth: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Place of Birth: \_\_\_\_\_  

\_\_\_\_\_ City
\_\_\_\_\_ State
\_\_\_\_\_ Country
10. Name & Relationship of Emergency Contact Person: \_\_\_ Parent \_\_\_ Guardian \_\_\_ Spouse \_\_\_ Other \_\_\_\_\_  

\_\_\_\_\_ Last
\_\_\_\_\_ First
\_\_\_\_\_ Phone Number
11. Is English your native language? \_\_\_ Yes \_\_\_ No
12. Are you currently employed? \_\_\_ Yes \_\_\_ No If employed: \_\_\_ Full Time \_\_\_ Part Time Job Title: \_\_\_\_\_  
 If employed what is your monthly gross earnings  

\_\_\_ Less than \$2,500
\_\_\_ \$2,500 - \$2,999

\_\_\_ \$3,000 - \$3,999
\_\_\_ \$4,000 - \$4,999

\_\_\_ \$5,000 - \$7,999
\_\_\_ \$8,000 or More
13. Are you a U.S. Citizen? \_\_\_ Yes \_\_\_ No

14. Non U.S. Citizens only, complete this section:

Are you a Permanent Resident?  Yes  No

Alien Registration Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ (Attach a front & back copy of your green card.)

Country of citizenship: \_\_\_\_\_

Which U.S. immigration visa classification do you have or intend to apply for at the American Consulate?

F-1 Student  F-2 Dependent  J-1 Exchange Student/Visitor  J-2 Dependent

H-1B Specialty Occupation  H-4 Dependent  Other (please specify): \_\_\_\_\_

15. Are you a Missouri Resident?  Yes  No If yes, since when? \_\_\_\_\_

16. Please answer the following questions regarding your racial / ethnic background (optional):

a. Are you Hispanic/Latino?  Yes  No

b. Please also check one or more of the below which apply to you:

American Indian or Alaska Native  Black or African-American  White/Caucasian

Asian  Native Hawaiian or Other Pacific Islander

**MILITARY / DISABILITY / SCHOOL INFORMATION**

17. Are you a Veteran?  Yes  No OR a Spouse of a Veteran?  Yes  No Branch of Service: \_\_\_\_\_

If yes, dates of service? \_\_\_\_\_

18. Selective Service?  Yes  No  Verification

19. Are you disabled?  Yes  No

What assistance can we provide? \_\_\_\_\_

20. High School Attended:

| High School Name | City  | State | Zip   |
|------------------|-------|-------|-------|
| _____            | _____ | _____ | _____ |
| _____            | _____ | _____ | _____ |
| _____            | _____ | _____ | _____ |
| _____            | _____ | _____ | _____ |

21. Highest Level of Education completed:

Less than High School

High School diploma or GED

Some College, no degree

Associate Degree

Bachelor's Degree

Higher than a Bachelor's Degree

22. Have you ever earned college credit or been enrolled at another college or university, after high school graduation, not including State Technical College of Missouri?  Yes  No

23. Please provide the name and location of ALL colleges attended, dates of attendance, degrees earned or expected prior to enrollment at STC, beginning with the most recent. If currently enrolled, indicate in Dates of Attendance space(s).

*Failure to disclose colleges or universities in which you have been enrolled may void your admission to STC.*

*Please contact the **MoManufacturingWINS** Grant Office for questions regarding transfer and articulation credit evaluations.*

| College/University | City & State | Credits Earned | Dates of Attendance |
|--------------------|--------------|----------------|---------------------|
| _____              | _____        | _____          | _____               |
| _____              | _____        | _____          | _____               |
| _____              | _____        | _____          | _____               |
| _____              | _____        | _____          | _____               |
| _____              | _____        | _____          | _____               |

24. Have you ever been suspended or dismissed from STC or any other college or university?  Yes  No

If yes, from where? \_\_\_\_\_ When? \_\_\_\_\_

For what reason? \_\_\_\_\_

Are you eligible to return to the last college or university you attended?  Yes  No

**ENROLLMENT INFORMATION**

25. Have you attended an Area Career Center?  Yes  No If yes, when? \_\_\_\_\_

Area Career Center Attended: \_\_\_\_\_

26. Have you been enrolled in Toolbox at a Career Center?  Yes  No  Unknown

27. Are you currently receiving Unemployment Insurance Benefits?  Yes  No

28. Are you Trade Adjustment Assistance eligible?  Yes  No

29. Have you previously enrolled in remedial coursework?  Yes  No

30. Target Population Segment:

Trade Adjustment Assistance  Unemployed  Underemployed  Low-skilled

31. Please provide the following items:

Driver's License  Social Security Card  DD Form 214 (if applicable)

Proof of Missouri Residence  Birth Certificate  Proof of Employment (if applicable)

Financial Aid Documentation

**SIGNATURE**

I certify that all information completed in this application is true and complete in all aspects and that no important information has been withheld. I understand that any incomplete or false information provided on this application may void my admission and my financial aid eligibility.

I certify that I understand that this application enrolls me in the MoManufacturingWINS, as a grant participant.

This workforce solution was funded by a grant awarded by the U.S. Department of Labor's Employment and Training Administration. The solution 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 guarantee, 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.

By signing this application, I agree to comply with State Technical College of Missouri's computer acceptable use policy and all rules and regulations of the college.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Send the completed application to:  
Office of Admissions State Technical College of Missouri  
One Technology Drive, Linn, MO 65051  
Phone: 800-743-8324 Fax: 573-897-5026  
Email: [admissions@statetechmo.edu](mailto:admissions@statetechmo.edu)

State Technical College of Missouri endorses and practices the principle of equal education and employment opportunity for all persons regardless of race, color, gender, religion, ancestry, national origin, age, marital status, military service or disability in the educational programs, services and activities it operates. Information protected in accordance with the Family Educational Rights and Privacy Act (20 U.S.C. section 1232g).

**PRIVACY NOTICE**

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.

For Office Use Only: \_\_\_\_ MoManufacturingWins \_\_\_\_ Admissions \_\_\_\_ Student Records \_\_\_\_ Financial Aid

Acceptance Date to MMW Program: \_\_\_\_\_ Student ID: \_\_\_\_\_

Financial Aid Status: \_\_\_\_\_

Pell Grant Eligible?  Yes  No  N/A

Credit accepted for prior learning:  Yes  No Credits: \_\_\_\_\_

**Pre WorkKeys Assessment**

Date Taken: \_\_\_\_\_

| Reading Information Score  | Locating Information Score | Applied Math Score         | NCRC                       |
|----------------------------|----------------------------|----------------------------|----------------------------|
| <input type="checkbox"/> 3 | <input type="checkbox"/> 3 | <input type="checkbox"/> 3 | <input type="checkbox"/> 3 |
| <input type="checkbox"/> 4 | <input type="checkbox"/> 4 | <input type="checkbox"/> 4 | <input type="checkbox"/> 4 |
| <input type="checkbox"/> 5 | <input type="checkbox"/> 5 | <input type="checkbox"/> 5 | <input type="checkbox"/> 5 |
| <input type="checkbox"/> 6 | <input type="checkbox"/> 6 | <input type="checkbox"/> 6 | <input type="checkbox"/> 6 |
| <input type="checkbox"/> 7 | <input type="checkbox"/> 7 | <input type="checkbox"/> 7 | <input type="checkbox"/> 7 |

**EXIT USE**

Exit Date from Program: \_\_\_\_\_

**Post WorkKeys Assessment**

Date Taken: \_\_\_\_\_

| Reading Information Score  | Locating Information Score | Applied Math Score         | Program of study completed through MMW: |
|----------------------------|----------------------------|----------------------------|-----------------------------------------|
| <input type="checkbox"/> 3 | <input type="checkbox"/> 3 | <input type="checkbox"/> 3 | <input type="checkbox"/> Machine Tool   |
| <input type="checkbox"/> 4 | <input type="checkbox"/> 4 | <input type="checkbox"/> 4 | <input type="checkbox"/> NIMS 1         |
| <input type="checkbox"/> 5 | <input type="checkbox"/> 5 | <input type="checkbox"/> 5 | <input type="checkbox"/> NIMS 2         |
| <input type="checkbox"/> 6 | <input type="checkbox"/> 6 | <input type="checkbox"/> 6 | <input type="checkbox"/> NIMS 3         |
| <input type="checkbox"/> 7 | <input type="checkbox"/> 7 | <input type="checkbox"/> 7 | <input type="checkbox"/> NIMS 4         |
| <input type="checkbox"/> 8 | <input type="checkbox"/> 8 | <input type="checkbox"/> 8 | <input type="checkbox"/> NCRC Plus      |

# STATE TECHNICAL COLLEGE OF MISSOURI

## Grant Participant Confidentiality Waiver

- - SIGN AND DATE IN INK - -

I, (print name) \_\_\_\_\_, hereby give permission for Missouri Career Center, Regional Workforce Investment Boards, Inc., Cosgrove and Associates, and

**MoManufacturingWINS** Grant Office staff and faculty to exchange confidential information regarding my performance, progress, attendance, and other necessary information. I understand that such information is confidential and a written waiver of confidentiality is required of me in order for the information to be discussed with these organizations.

For participants enrolled in multiple programs that require proof of performance and attendance please list which additional organizations that we can exchange your information with:

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Accordingly, I hereby waive my right to confidentiality in reference to the organizations listed above by signing this document.

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Signature

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Date

“This workforce solution was funded by a grant awarded by the U.S. Department of Labor’ Employment and Training Administration. The solution 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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