**Application Questions**

**Basic Information**

1. Full name
2. Date of birth
3. Address
4. Phone Number
5. Email Address
6. Have you previously participated in the Lincoln Manufacturing Council Basics Certificate (Level 1, the 6-week program)?

Yes No

1. Have you worked in manufacturing?
2. I currently work in manufacturing
3. I previously worked in manufacturing
4. I have never worked in manufacturing

**If you took the Manufacturing Basics Certificate (Level 1), please answer the following questions:**

1. When and where did you take the Manufacturing Basics Certificate?
2. Have you worked in manufacturing?
   1. I have not worked in manufacturing
   2. I previously worked in manufacturing, but I no longer do
   3. I currently work in manufacturing
3. Please provide the name and phone number of the person or program who referred you to this class.

**If currently employed in manufacturing, please answer the following questions:**

1. Who is your current manufacturing employer?
2. Please provide the name and phone number of your supervisor.
3. Please describe your current job.
4. Please provide the name and phone number of the person who referred you to this class, if they are not your employer.

**If previously employed in manufacturing, please answer the following questions:**

1. What manufacturing company did you previously work for?
2. Please provide the name and phone number of your supervisor at that job.
3. Please provide the name and phone number of the person or program who referred you to this class.

**All applicants answer the following questions:**

1. On a scale of 1-5 with 5 being extremely interested and 1 being not at all, how interested are you in a career in manufacturing?
2. Please list your employment history, including your current employer if applicable
   1. Employer:
   2. Years employed (20xx-20xx):
3. Please list your educational history
   1. Name of institution and/or degree:
   2. Years attended:
4. In a few sentences, please tell us about yourself.
5. In a few sentences, why are you applying for this program?

**Qualification Information**

This information helps us determine eligibility for funding. To maintain confidentiality, identifiable information will not be shared or used for purposes other than the City of Lincoln Workforce program evaluation process. Any personal information collected will be securely kept, de-identified, and only used in the aggregate for any evaluation report or presentation that uses the information.

The Manufacturing Upskilling Scholarship is funded by a grant from the City of Lincoln American Rescue Plan Act funds for workforce development. To determine your eligibility for this scholarship, you must meet criteria for adverse economic impact from COVID-19. Please respond to the following questions to help determine your eligibility.

1. Are you legally authorized to work in the United States?

Yes No

1. Are you 18 years of age or older?

Yes No

1. Employment status
   1. I have a full-time job (I am employed and work 30 hours a week or more)
   2. I have a part-time job (I am employed and work less than 30 hours a week)
   3. I am unemployed and looking for work
   4. I am unemployed and not looking for work
2. Please check all that apply to you

* I am unemployed and/or I have looked for work in the past 12 months
* I am employed part-time but want to be employed full-time
* I am employed but I am seeking a position with greater opportunities for economic advancement
* I am an immigrant or refugee in the United States
* I or somebody in my household is receiving services provided by a Tribal government or territory of the United States
* None of the above apply to me

1. Do you or someone in your household qualify for any of the following

* Children’s Health Insurance Program (CHIP)
* Subsidies through the Childcare and Development Fund Program
* Medicaid
* Temporary Assistance for Needy Families (TANF)
* Free and Reduced-Price School Lunch and/or Breakfast
* Medicare Part D Low-income subsidies
* Supplemental Security Income
* Head Start
* Early Head Start
* Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
* Section 8 Vouchers
* Low-Income Home Energy Assistance Programs
* None of the above apply to me

1. How many people live in your household, including yourself?
2. What is your annual household income? Household income is the total income received by all members who live in your household.

I affirm that I have answered all questions truthfully and to the best of my ability.

Signature Date