

Southwest CAP

149 North Iowa Street; Dodgeville, WI 53533

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Skills Enhancement Program Application

Today's Date: _____

Applicant Name (first, middle, last) _____

Address: _____ City: _____ State: _____ Zip Code: _____

County of Residence: _____ Email Address: _____

Social Security Number: _____ - _____ - _____ Date of Birth: ____/____/____ Marital Status: _____

Daytime Telephone Number: _____ Other Telephone Number: _____

Gender: _____ Male _____ Female U.S. Citizen _____ Yes _____ No

Qualified Alien _____ Yes _____ No Alien Registration Number _____

List all current household members-begin with other adults (do not list applicant), then list all children in household:

Household Member Name	Relationship to Applicant	Age	Gender	Length of time in Household (months/years)
1.				
2.				
3.				
4.				
5.				

Family Income: list all family members income (Including Self-employment Income)

Family Member (Applicants Income First)	Employer Name	Hourly Wage	Weekly Hours	Monthly Gross Income	Length of Time
1.					
2.					
3.					
4.					
Applicant's work telephone #	Applicant's Employer Address	Applicant's Start Date		Does Applicant Employer offer Health Care Benefits?	
Applicant's Current Job Title	Applicant's Previous Job Title With Current Employer	Previous Occupation		Veteran: _____ Yes _____ No Dates of Service: _____	

UNEARNED INCOME

(such as child support, alimony, grants, SSI, SSDI, inheritance, retirement, interest, charity)

Family Member	Source	Amount Per Month
1.		
2.		
3.		

Total household gross income for the last 6 months _____

- A. Is this enough to pay your bills and buy necessities? _____
- B. Do you have debts; you are trying to reduce? _____
- C. Do you have a savings plan? _____
- D. Would you like information on money management/financial wellness? _____

Is your family receiving Medical Assistance, BadgerCare, WIC, Food Stamps, Childcare, or any other public assistance?
Please list: _____

EDUCATION

- A. What is the highest grade you have completed? _____
Do you have a G.E.D., H.S.E.D., or high school diploma? _____ Date Completed _____
- B. Do you have vocational, college, or specialized training? (If Yes, area of training) _____
- C. How much have you completed? _____
- D. If not, are you interested in: _____ G.E.D. or H.S.E.D. Programs _____ College
_____ Vocational or specialized training _____ Other
- E. Will you be applying for financial aid? _____ Yes _____ No If no, Explain: _____
- F. Have you defaulted on past student loans? _____ Yes _____ No If yes, how much do you owe? _____

CAREER GOALS

- A. What is your career plan? _____
- B. Project graduation date _____ Desired income goal _____
- C. Completed: Goal Testing _____ Date _____
Accuplacer Testing _____ Date _____
Career Inventory _____ Date _____
TABE _____ Date _____
ESL _____ Date _____

CHILD CARE

- A. Do you have reliable childcare? _____
- B. Provided by whom? _____
- C. Do you receive County Assistance for childcare? _____

TRANSPORTATION

- A. Do you own your own vehicle? _____ Yes _____ No
- B. If yes, is your vehicle reliable? _____ Yes _____ No
- C. Is it insured? _____ Yes _____ No
- D. Do you have a valid driver's license? _____ Yes _____ No
- E. If you do not own a vehicle, what transportation is available to you? _____

HOUSING

- A. Do you own or rent you home? _____ Own _____ Rent
Amount of monthly rent or mortgage payment? \$ _____
- B. Do you receive any rent assistance? _____ Yes _____ No
- C. Are you in need of fuel assistance? _____ Yes _____ No
- D. Does your home need to be weatherized? _____ Yes _____ No

How did you find out about SWCAP's Skills Enhancement Program? _____

What is your main reason for completing this application? _____

Do people important to you, support your decision to return to school? _____

I certify that the information on this application is a true and complete statement of facts according to my best knowledge and belief. I further certify that I have read and understand the statements on this page and agree to them. I also understand that I may be asked to provide proof of any information given on this application form. In Compliance with the Title VI Civil Rights Act I have received contact information and consumer complaint form.

Signature of Applicant

Date