

“Choice Determines Destiny”

College Transition Program

Earn up to
\$1000
for
College Costs

Tuition, Books, Housing, Computer, Supplies or
other college related costs – Your Costs Your Choices

Mail completed applications to the address below:

**“Choice Determines Destiny”
820 Park East Blvd.
Lafayette IN 47905**

Deadline for submission: February 7th, 2015

**Questions: Trish Malady 765-474-5411 ext. 2796
Lafayette WorkOne West Central
Community Action Program Inc.**

"Choice Determines Destiny" Application

This Agency is requesting disclosure of your Social Security Number in order to accomplish the statutory purpose according to 20 CPR 603.3. Disclosure of this information is mandatory. Failure to provide any information may prevent this form from being processed. This information is needed to make eligibility determination under 29 U.S.C 1603(a). All financial information that you provide shall remain confidential according to IC 514-3-4(a). Disability status information requested for purpose of record keeping and determining your eligibility for programs. Your refusal to provide the information will not result in adverse treatment. The information obtained will be maintained confidentially.

General Information

Last Name		First Name		Middle Initial
Home Address			City	State
Zip Code	Phone #		County of Residence	
Social Security Number		E-mail Address		Facebook Screen Name
Name of High School Attending				Expected Graduation Date
Emergency Contact:	Name	Relationship	Phone Number	

Applicant Characteristics

Date of Birth / /	Age _____	Gender <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	Race/Ethnic Group(Check all that apply) <input type="checkbox"/> White <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Hawaiian or Pacific Islander	
Citizenship Status <input type="checkbox"/> US Citizen <input type="checkbox"/> Non- Citizen Eligible to work		Selective Service Status (Applies only to males age 18 and over) <input type="checkbox"/> Registered # _____ <input type="checkbox"/> Not Registered		Individual with Disabilities Do you have a disability, Individual Education Plan (IEP) or attend special needs classes? <input type="checkbox"/> YES <input type="checkbox"/> NO
Total # of family in the household related to you by blood or marriage _____		Are you pregnant or a parent? <input type="checkbox"/> YES <input type="checkbox"/> NO		Foster Child <input type="checkbox"/> YES <input type="checkbox"/> NO

Economic and Labor Force Information

Does Anyone in your family receive <input type="checkbox"/> TANF <input type="checkbox"/> REFUGEE ASST. <input type="checkbox"/> Unemployment <input type="checkbox"/> Social Security <input type="checkbox"/> FOOD STAMPS <input type="checkbox"/> Child Support	Estimated annual FAMILY Income _____
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Student's Current or Last Employer

Employer Name				
Employer Address		City	State	Zip
Telephone #	Job Title		Hr Wage	HRS Worked
Date of Employment from:			Date of employment to:	

I certify that all information is true and correct to the best of my knowledge and I authorize the verification of the information I have provided.

Applicant Signature: _____	Date: _____
Parent/Guardian Signature if under 18: _____	Date: _____