



## Connecticut's SNAP Employment and Training Program

### SNAP SCHOLARSHIP APPLICATION

<b>APPLICANT INFORMATION</b>																	
Name:					Date:												
DSS Client #:					Date of Birth:												
Street Address:				City:			Zip Code:										
Phone Cell:		Home:		Emergency Contact:													
Email:					Emergency Contact phone:												
SNAP Household Size:		# of Adults:		# of Children:													
Gender: <input type="checkbox"/> Male  <input type="checkbox"/> Female  Are you a U.S. Citizen? Yes    No		Race: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="padding: 2px;">American Indian</td></tr> <tr><td style="padding: 2px;">Alaska Native</td></tr> <tr><td style="padding: 2px;">Asian</td></tr> <tr><td style="padding: 2px;">Black or African American</td></tr> <tr><td style="padding: 2px;">Native Hawaiian/Pacific Islander</td></tr> <tr><td style="padding: 2px;">White</td></tr> <tr><td style="padding: 2px;">Other</td></tr> <tr><td style="padding: 2px;">Unknown</td></tr> </table>		American Indian	Alaska Native	Asian	Black or African American	Native Hawaiian/Pacific Islander	White	Other	Unknown	Ethnicity: <div style="margin-top: 10px;"> <input type="checkbox"/> Hispanic or Latino   <input type="checkbox"/> Not Hispanic or Latino   <input type="checkbox"/> Unknown           </div>					
American Indian																	
Alaska Native																	
Asian																	
Black or African American																	
Native Hawaiian/Pacific Islander																	
White																	
Other																	
Unknown																	
Primary Language:					Secondary Language:												
How did you hear about the program?																	
<b>EDUCATION INFORMATION</b>																	
Do you have a high school diploma or GED?    Highschool    GED																	
What is your highest level of education?																	
List all colleges you have attended; Including the name of the college, your major area of study, and if you completed a program:																	
Have you ever participated in a SNAP employment and training program?    No    Yes				If yes:	Dates:		School:		Program:								
<b>FINANCIAL INFORMATION</b>																	
Have you or are you currently receiving the following services? Check all that apply																	
Cash Assistance(TFA)			SNAP		Insurance			Social Security									
Are you currently employed?    Yes    No																	
Are you currently receiving unemployment?    Yes    No																	
Do you need training to achieve your future career goals?    Yes    No																	



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<b>EMPLOYMENT HISTORY</b>	
Employer Name: _____	Position Title: _____
City, State: _____	Hours per Week: _____
Start Date: _____	End Date: _____
Employer Name: _____	Position Title: _____
City, State: _____	Hours per Week: _____
Start Date: _____	End Date: _____
Employer Name: _____	Position Title: _____
City, State: _____	Hours per Week: _____
Start Date: _____	End Date: _____
References: List two individuals, <b>OTHER THAN FRIENDS AND FAMILY</b> , that we may contact as a personal or professional reference. These individuals should not be relatives but can be employers, teachers, neighbors, etc.	
Reference # 1	
Name: _____	
City, State: _____	
Telephone: _____	
Reference # 2	
Name: _____	
City, State: _____	
Telephone: _____	
<b>PROGRAM INFORMATION</b>	
Check the program you are applying for:	
<b>Non-Credit Selections</b>	
<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <p>Certified Nurse Aid (CNA)</p> <p>Pharmacy Technician</p> <p>Phlebotomy</p> <p>MS Office MCC Certificate</p> <p>A+ Certification Exam Prep 1001</p> </div> <div style="width: 50%;"> <p>A+ Certification Exam Prep 1002</p> <p>Computer Boot Camp</p> <p>PC Maintenance and Repair</p> </div> </div>	



## Connecticut's SNAP Employment and Training Program

**Please describe your career goals:**

**Why do you want to participate in the program:**

**What have your previous experiences in school been like? (check all that apply)**

- ☐ Rewarding
- ☐ Fun
- ☐ Exciting

- ☐ Encouraging
- ☐ Challenging
- ☐ Easy

- ☐ Frustrating
- ☐ Discouraging
- ☐ Difficult

**Please list some of your strengths, skills, abilities and/or interests that will help you reach your career goals.**

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_
4. \_\_\_\_\_ 5. \_\_\_\_\_ 6. \_\_\_\_\_
7. \_\_\_\_\_ 8. \_\_\_\_\_

**What are some potential obstacles and challenges that you may encounter in pursuing your career goals?** Some examples include: transportation, childcare, time commitment, housing, legal issues, etc.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

SNAP Coordinator Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## PARTICIPANT EXPECTATIONS and COMMITMENT

Participant Name: \_\_\_\_\_ DSS CL#: \_\_\_\_\_

SNAP employment and training is a work program that is intended to help support you in achieving your educational and career goals. Please read and sign the Student Expectations and Commitment form and the Authorization to Release Education Records form in order to participate in the SNAP employment and Training (E&T) program.

I understand that the SNAP E&T is an employment programs and the intent is to help me get the skills I need to get a job. I am committed to completing my educational plan, earning a certificate or degree, and getting a job. I am aware that there are resources available to assist me in my job search and the SNAP coordinator will guide me through the process. I must be able and available to work upon completion of the program.

My SNAP E&T coordinator is \_\_\_\_\_. I can reach the coordinator by email at \_\_\_\_\_ or by phone at \_\_\_\_\_.

- I understand that SNAP E&T is a program offered by Department of Social Services (DSS) and that in order to participate in SNAP E&T I must be receiving SNAP from DSS. Participation in SNAP E&T will not affect my direct SNAP nutrition assistance and I may receive SAGA cash assistance. I understand that I cannot receive TFA cash assistance and participate in SNAP E&T.
- I understand that participation in SNAP E&T is generally limited to one program per participant. I will inform the SNAP coordinator if I have participated in any other SNAP funded education program in the past.
- I understand that the SNAP coordinator will confirm my eligibility every month that I receive services and that I must submit all required paperwork and information to DSS to maintain SNAP benefits. I will communicate with the SNAP coordinator if there are any changes and I will immediately notify the coordinator of any changes to my address, phone number or email address.
- E&T participants may receive reimbursement for expenses that are reasonably necessary and directly related to participation in the E&T program. Allowable expenses for identified needs will be reimbursed upon presentation of appropriate documentation to the E&T service provider.
- My success in the program is my responsibility and depends on my commitment to attend classes regularly and participate in class lessons, discussion and any other activities that are assigned.
- I understand that if I am not able to fulfill the above expectations, I may lose my SNAP E&T eligibility.

My signature below confirms that I understand all of the above expectations and I am committed to the SNAP E&T program.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Coordinator Signature

\_\_\_\_\_  
Date



### **Authorization to Release Education Records Form for SNAP E&T Program Participants**

As required, I will complete my Free Application for Federal Student Aid (FAFSA) every year by the deadline established by the E&T coordinator, with the understating that if my income or unmet need changes, it is possible that I will no longer qualify for tuition assistance through SNAP E&T. I understand that I must achieve Satisfactory Academic Progress (SAP) as defined by financial aid (more information on this definition at [www.fafsa.org](http://www.fafsa.org)).

As a participant in the SNAP E&T program I understand that my SNAP coordinator is required to communicate my academic progress and participation on a monthly or as needed basis to the Department of Social Services (DSS). Further I understand that because of the affiliation of SNAP E&T with DSS, DSS must have access to my educational and financial aid information. Therefore, I hereby consent to and authorize the release of pertinent educational and financial information to DSS when and as needed for my participation in the SNAP E&T program.

I have been informed and understand that my education records are protected from disclosure under the Family Educational Rights and Privacy Act, but that I may consent to disclosure and authorize release of my education records to third parties.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Coordinator Signature

\_\_\_\_\_  
Date