



Connecticut's SNAP Employment and Training Program

Your Path To Employment



SNAP SCHOLARSHIP APPLICATION

APPLICANT INFORMATION					
Name:			Date:		
Date of Birth:		SSN:		DSS Client #:	
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	Race:	American Indian		Ethnicity:	
<input type="checkbox"/> Female		Alaska Native			
Are you a U.S. Citizen? Yes No		Asian			
		Black or African American			
		Native Hawaiian/Pacific Islander			
		White			
		Other			
	Unknown		<input type="checkbox"/> Hispanic or Latino		
			<input type="checkbox"/> Not Hispanic or Latino		
			<input type="checkbox"/> Unknown		
Primary Language:			Secondary Language:		
How did you hear about the program?					
Have you ever been convicted of a crime? No/Yes		If yes:	Date:	Violation:	
EDUCATION INFORMATION					
Do you have a high school diploma or 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:
FINANCIAL INFORMATION					
Have you or are you currently receiving the following services? Circle all that apply					
Cash Assistance(TFA)		SNAP	Insurance		Social Security
Are you currently employed?					
Are you currently receiving unemployment?					
Do you need training to achieve your future career goals?					



Connecticut's SNAP Employment and Training Program



Your Path To Employment

EMPLOYMENT HISTORY

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, **OTHER THAN FRIENDS AND FAMILY**, 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:	_____

PROGRAM INFORMATION

Circle the program you are applying for:

Non-Credit Selections

Certified Nurse Aid (CNA)	Pharmacy Technician	Phlebotomy Technician	Computer Boot Camp	MS Office MCC Certificate	A+ Certification Exam Preparation 220-901	A+ Certification Exam Preparation 220-902
---------------------------	---------------------	-----------------------	--------------------	---------------------------	-------------------------------------------	-------------------------------------------

PC Maintenance and Repair



Connecticut's SNAP Employment and Training Program



Your Path To Employment

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)

- | | | |
|------------------------------------|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> Rewarding | <input type="checkbox"/> Encouraging | <input type="checkbox"/> Frustrating |
| <input type="checkbox"/> Fun | <input type="checkbox"/> Challenging | <input type="checkbox"/> Discouraging |
| <input type="checkbox"/> Exciting | <input type="checkbox"/> Easy | <input type="checkbox"/> Difficult |

Please list some of your strengths, skills, abilities and/or interested 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: _____
Date FAFSA completed: _____



Connecticut's SNAP Employment and Training Program



Your Path To Employment

SNAP Employment and Training Student Expectations and Commitments

Student Name: _____ CID: _____

Welcome to the program!

SNAP employment and training is a work program that is intended to help support you in achieving your educational and career goals. You must be able and available to work upon completion of the program.

Please read and sign the Student Expectations and Commitments in order to participate in the SNAP employment and training (E&T) program and continue to maintain your eligibility.

- I understand that receiving the SNAP Scholarship is a **one-time opportunity** and that **once enrolled, I will not be able to switch to a different program.**
- I understand that in order to participate in SNAP E&T, I must be receiving SNAP from the Department of Social Services (DSS) each month and every quarter. I cannot receive family cash assistance through DSS. I understand that the SNAP coordinator will verify my eligibility on a quarterly basis. I will turn in all required paperwork to DSS in order to maintain SNAP benefits and will communicate with the SNAP coordinator if there are any changes.
- I understand that the SNAP E&T program is a program offered through DSS. My SNAP coordinator is required to communicate my academic progress and participation on a monthly and as needed basis to DSS.
- I understand that the SNAP E&T program is an employment program 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 a degree, and getting a job. I am aware there are resources available to assist me in my job search and the SNAP coordinator will guide me through the process.
- If required, I will complete my **Free Application for Federal Student Aid (FAFSA)** every year by the end of April, with the understanding that if my income or unmet need changes, it is possible that I will no longer qualify for tuition assistance through SNAP E&T.



Connecticut's SNAP Employment and Training Program



Your Path To Employment

- I understand that I must maintain Satisfactory Academic Progress (SAP) as defined by financial aid.
- I am aware that the SNAP E&T program may have funds for tuition, fees, books and supplies. However, funding is not guaranteed and depends on my financial need, other financial aid and scholarship awards, and available state and federal funding.
- I will inform my SNAP E&T coordinator immediately of any changes to my address, phone number or email address.
- I understand that my success in the program is my responsibility and depends on my commitment to attend classes regularly and participate in class lessons, discussions and any other activities that are assigned.
- I understand that if I am not able to fulfill the above expectations, I may be put on probation or lose my SNAP E&T eligibility.
- My SNAP E&T coordinator is Gina Marchesani. I can reach her through email at gmarchesani@manchestercc.edu or by phone at 860-512-2827.
- The college adheres to FERPA regulations regarding privacy and confidentiality of student information. Because the SNAP E&T program is affiliated with DSS, we will need to share educational and financial aid information. Your signature authorizes the college to release any and all financial aid and educational information to DSS. Furthermore, it authorizes DSS to release information to the college. This authorization expires two years after completion of your educational program or three years from the signature date.

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

Student Signature: _____ Date: _____

Coordinator Signature: _____ Date: _____



**Connecticut's SNAP Employment and Training
Program**



Your Path To Employment

Copy in file, copy to student



**Connecticut's SNAP Employment and Training Program
Student Expectations and Commitment**



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).

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