



SNAP EMPLOYMENT & TRAINING (E&T) APPLICATION

APPLICANT INFORMATION

DSS CLIENT ID#: _____ BANNER ID: @ _____

LAST NAME: _____ FIRST NAME: _____

ADDRESS: _____
STREET

_____ CITY STATE ZIP

PHONE NUMBER: _____ ALTERNATE PHONE NUMBER: _____

EMAIL ADDRESS: _____

DATE OF BIRTH: _____

US CITIZEN: Yes No CT RESIDENT: Yes No

GENDER: Male Female Other (please specify) _____

RACE: White Black Asian American Indian Native Alaskan
 Native Hawaiian/Pacific Islander Other (please specify) _____

ETHNICITY: Hispanic or Latino Not Hispanic or Latino Unknown

LANGUAGE(S): _____

The training program that I would like to enroll in is _____

My second program choice is (if applicable) _____

How did you first learn of the SNAP Employment & Training Scholarships?

- Radio or TV Ad
- College Website/Internet Search
- CT Dept. of Social Services
- Mail/College Catalog
- College Staff/Students
- American Job Center
- Friend/Family Member
- Community Event or Career/Job Fair
- Other, please specify: _____

EDUCATION INFORMATION

Do you have a high school diploma or GED? Yes No

What is your highest level of education?

Certificate Associate's Degree Bachelor's Degree Master's Degree

Have you ever attended a technical school, college, or university?

Yes (please complete the section below)

No (skip to next question)

Name of School _____

Major/Area of Study _____

Name of School _____

Major/Area of Study _____

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

Rewarding

Easy

Fun

Frustrating

Exciting

Discouraging

Encouraging

Difficult

Challenging

FINANCIAL INFORMATION

Do you currently receive any of the following? (check all that apply)

SNAP

TFA

WIC

Unemployment

Social Security

Child Support

SSI

EMPLOYMENT

Are you currently employed?

Yes

No, but I am looking for work

No, I am NOT currently looking for work

In the next section please enter information about your current and/or previous employment.

Employer: _____ Position/Job Title: _____
City, State: _____ Hours per Week: _____
Job Duties: _____
Start Date: _____ End Date: _____

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SUPPLEMENTAL INFORMATION

Please tell us about your household. # of Adults: _____ # of Children: _____

Do you have stable living arrangements?

- Yes No

What is your primary means of transportation?

- I drive my own vehicle
 I drive someone else's vehicle/borrow a car
 I ride with others/carpool
 I ride the bus/public transportation
 Uber or Lyft
 Other, please explain _____

Have you ever been convicted of a felony?

- Yes No

Do you have a technology device (other than a smartphone) that can be used for remote learning?

- Yes, I have a laptop/desktop computer, Chromebook, or tablet with a webcam in the home for personal use
 No, I *do not* have a laptop/desktop computer, Chromebook, or tablet with webcam in the home for personal use

Do you have active internet service at home?

- Yes, I do have home internet service
 No, I *do not* have home internet service

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

A. _____

B. _____

C. _____

Why do you want to participate in the training program that you selected?

What are your goals for the future?

Please add any additional information about you or your circumstances that will help us to better assist you.

Listed below are some of the challenges and barriers often faced by students. To help us better assist you, please review the list carefully and check off all that apply.

- Study skills
- Note taking
- Basic computer skills (email, internet, Microsoft Word)
- Time management
- Budgeting and personal finance
- Balancing work and/or school with family
- Public speaking
- Self-esteem and confidence
- Being assertive vs. aggressive
- Managing stress
- Test anxiety
- Communicating with instructors
- Chronic health problems
- Learning disability
- Hearing impairment
- Visual impairment
- Anxiety disorder
- Clinical depression/Major depression
- Disability (physical and/or mental)
- Other: _____

STUDENT SIGNATURE _____

DATE _____

STAFF SIGNATURE _____

DATE _____

Non-Discrimination Statement

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at [How to File a Program Discrimination Complaint](#) and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.

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