

7. Date of Birth: _____

8. Are you a U.S. citizen? _____ Yes _____ No

9. What school will you be attending?

10. What semesters or sessions will you attend? _____

Indicate the education/training program in which you will enroll:

11. When do you plan to complete your program of study? _____

B. EDUCATION

12. Did you receive? (Please check one):

_____ High School Diploma; or _____ GED

13. Date you received High School diploma or GED certificate:

C. ADDITIONAL INFORMATION

14. Were you in SRS Foster Care on your 18th Birthday?

_____ Yes _____ No

15. Were you in SRS Foster Care when you received your high school diploma or GED if you graduated before you turned 18?

_____ Yes _____ No

16. Were you laid off from employment in the last six months?

_____ Yes _____ No

Dates of layoff _____

17. Are you currently receiving unemployment compensation?

_____ Yes _____ No

COMMITMENT

I hereby attest that I am a bona fide resident of the State of Kansas and agree that if I am a recipient of the Workforce Development Loan Program, I will engage in full-time work in a field for which I was trained using the skills attained under the course of instruction for which I received the loan until the loan is totally forgiven. I agree for each year of living and working in Kansas in a related field, 1/4 of the total loan principal and interest that accrued shall be forgiven for the first three years and upon completion of the fourth year, the remaining balance of principal and accrued interest of the loan shall be forgiven. I certify that to the best of my knowledge the information contained on this form is correct. I understand that false or incorrect information may subject the application to be eliminated from consideration for the program and that loan funding that I may have received would be subject to repayment.

Signature

Date

AUTHORIZATION TO OBTAIN INFORMATION

I authorize any investigation that may be necessary to establish my eligibility including the release of employment, Social and Rehabilitation Services benefit records, and foster care records and related records by the Kansas Department of Labor, Kansas Department of Commerce, Kansas Department of Social and Rehabilitation Services, and Kansas One-Stop System.

I also authorize the Kansas Board of Regents to release my application and award information to my school (s).

Print Full Name

Date

Signature

School Student Financial Aid Office Use Only:

Did the student complete their high school diploma or GED? _____
Is the student considered a Kansas resident at your school? _____
Is the student in student loan default? _____
Does the student owe money to the USDE for a Pell overpayment? _____

Student program of study _____
Is student enrolled in an eligible approved program? _____

Need Analysis:

COA _____ (-) EFC _____ (-) other student aid _____ = Unmet need _____

SFA Signature _____ Date _____

WIA Case Manager Use Only:

I verify that this student is eligible to receive WIA funding.

WIA Case Manager

Date