



Application for Sponsorship

All Fields must be complete for submission. Use black or blue ink. Do not leave any blanks. If question is not applicable to you please write N/A. For questions or to schedule an appointment, call the Skill QUEST office at 214.417.3597 or 214.529.4330.

Personal and Demographic Information		DATE: _____
Last Name		
First Name		
Middle Name		
Maiden Name		
Suffix	<input type="checkbox"/> Jr. <input type="checkbox"/> Sr. <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> VI <input type="checkbox"/> VII	E-Mail
Social Security Number	Cell Phone:	
Date of Birth	____ / ____ / ____	Age: _____
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Ethnicity and Race Demographics <i>These categories match the national census categories. If you are unsure how to answer please call our office for assistance.</i>	Ethnicity (Check One) Are you of Hispanic or Latino origin? <input type="checkbox"/> Yes <input type="checkbox"/> No	Race (Check all that apply) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other (please specify):
Citizenship	<input type="checkbox"/> US Citizen <input type="checkbox"/> Permanent Resident I-155 <input type="checkbox"/> Refugee <input type="checkbox"/> Non-Citizen <input type="checkbox"/> Parolee	
Preferred Contact	<input type="checkbox"/> Home phone <input type="checkbox"/> Cell phone <input type="checkbox"/> Work phone <input type="checkbox"/> E-Mail	
Marital Status	<input type="checkbox"/> Married, Engaged or Living with Partner <input type="checkbox"/> Single, Divorced or Legally Separated	
Single Parent?	<input type="checkbox"/> Yes (<i>I have full custody and am raising children without a partner</i>) <input type="checkbox"/> No	
Household Information		
Living Arrangement Please check the box which <i>best</i> describes your living situation.	<input type="checkbox"/> One family household (living by myself, or living with my spouse and children only) <input type="checkbox"/> Shelter or temporary housing (Please explain, box provided below.)	
	<input type="checkbox"/> Multi-family household (roommates, friends, or relatives, other than my spouse and children also live in the house.) <input type="checkbox"/> Other (Please explain, box provided below.)	
Who lives with you in the household? Check all boxes that apply.	<input checked="" type="checkbox"/> Myself (1) <input type="checkbox"/> Spouse or Partner (1) <input type="checkbox"/> My children (under 18). How many? _____ <input type="checkbox"/> My other dependents that I support (18 or older). How many? _____ (Please explain in the box below.)	
	<input type="checkbox"/> Roommate(s) (person I split expenses with, NOT in a relationship, NOT a relative.) How many? _____ <input type="checkbox"/> Other(s) not already counted, including relatives or others in household. <i>Please explain in the box below.</i> How many Adults (over 18)? _____ How many children (under 18)? _____	
Explain your living arrangement or household, if needed:		
Household Languages: (check all that apply)	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Vietnamese <input type="checkbox"/> French <input type="checkbox"/> German <input type="checkbox"/> Sign Language <input type="checkbox"/> Thai <input type="checkbox"/> Russian <input type="checkbox"/> Arabic <input type="checkbox"/> Swahili <input type="checkbox"/> Other(s), please specify:	

Current Address Information & Contact Information			
Street Address			
City			
County			
State		Zip	
Home Phone Number		Work Phone Number	
Cell Phone Number		Work Phone Extension	
P.O. BOX or Mailing Address Information (if different than above)			
Mailing Address			
Mailing City			
Mailing County			
Mailing State			
Mailing Zip			
Voter Information			
Are you registered to vote?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Voter Registration Number:	
Education			
Educational Status (check one)	<input type="checkbox"/> Some College* <input type="checkbox"/> High School Graduate <input type="checkbox"/> General Equivalency Diploma (GED) <input type="checkbox"/> None of the above , please circle highest grade <i>completed</i> : 5 th grade or less 6 th 7 th 8 th 9 th 10 th 11 th 12 th		
*If <i>Some College</i> , please specify number of college credit hours earned and GPA	_____ hours _____ GPA	Degree or Certificates Earned <input type="checkbox"/> Certificate <input type="checkbox"/> Professional License <input type="checkbox"/> Associates <input type="checkbox"/> Bachelors <input type="checkbox"/> Masters	
Special Circumstances Check as many items as apply to you. Answers to these questions cannot disqualify you from the program and may help you to qualify.			
Which of the following statements apply to you? <u>MUST</u> check at least one box	<input type="checkbox"/> Homemaker who has not worked outside the home in several years <input type="checkbox"/> Have not worked in Last 2 Years <input type="checkbox"/> Have not held the same job for more than 6 months <input type="checkbox"/> Have never been employed <input type="checkbox"/> Have received Vocational Training <input type="checkbox"/> Handicapped or Special Needs <input type="checkbox"/> None of the above		
Service History			
Have you served in the Armed Forces?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Discharge:	_____ / _____ / _____
		Type of Discharge:	<input type="checkbox"/> Honorable <input type="checkbox"/> Dishonorable <input type="checkbox"/> Other
Service Branch	<input type="checkbox"/> Army <input type="checkbox"/> Navy <input type="checkbox"/> Marines <input type="checkbox"/> Air Force <input type="checkbox"/> Coast Guard <input type="checkbox"/> National Guard		
(Males only) Did you register for U.S. Selective Service between the ages of 18 - 26 yrs? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, please explain:			

Are you willing to take a drug test?	<input type="checkbox"/> Yes <input type="checkbox"/> No If No, please explain
Have you ever been in foster care?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Did you take any college classes prior to the age of 21? <input type="checkbox"/> Yes <input type="checkbox"/> No
Criminal Background	
Have you ever been convicted of a felony or misdemeanor? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Experience & Skills	
List any skills or experience you have that might be useful in a job	
Public Assistance Information. Check all that apply: If you receive any public assistance, indicate which agency(ies)	
Does anyone in your household receive Public Assistance from the list below? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Public Assistance: (check all that apply)	<input type="checkbox"/> TANF (AFDC) <input type="checkbox"/> Medicaid <input type="checkbox"/> Public Housing <input type="checkbox"/> Refugee assistance <input type="checkbox"/> Food Stamps <input type="checkbox"/> SSI <input type="checkbox"/> WIC
TANF Number	
Food Stamp <u>Case Number</u>	
Name of Public Housing	
Please provide the following information to help us better serve the community.	
How did you hear about Skill QUEST? If you were referred by your church, school, employer or other support institution please provide the name of that institution.	
Applying with someone? Please read and fill out carefully.	
If you know someone who is either enrolled in or applying to Skill QUEST you must list them in the spaces provided, if the person falls into either of the categories below. <i>Failure to identify a person may lead to one or both of you being removed from the program.</i>	
<ul style="list-style-type: none"> • Spouse, Fiancé, Boyfriend or Girlfriend • A person who shares expenses/supports you or who you support 	
Name (or n/a if not applicable):	
Relation to you:	
Application Status:	<input type="checkbox"/> Currently Applying <input type="checkbox"/> Already in the program <input type="checkbox"/> Will apply soon
Will you be submitting a criminal history with your application? (response required)	
Whether or not you have ever been convicted of a felony or misdemeanor, you <u>are</u> required to include a complete Criminal History from a Dallas or Collin district court. The court charges for the background checks. Skill QUEST does not cover this expense. Please check one box below.	
<input type="checkbox"/>	YES, I <u>do</u> need to get a background check. Check box if you intend to, or already have gone to get your Criminal History at the DPS.
<input type="checkbox"/>	NO, I do <u>not</u> need to get a background check. Check box if you understand the above paragraph but feel you do not need to get a Background check.
Declaration of Citizenship or Permanent Resident Status	

Check only one box below: Due to new funding regulations, all applicants as of August 2009, must be able to prove U.S. Citizenship or Permanent Resident status. Please check the box next to the document you will be submitting. Please note where original documents may be required. Originals will be returned to you before you leave.

U.S. Citizen	Permanent Resident
<input type="checkbox"/> U.S. Birth Certificate <input type="checkbox"/> U.S. Passport <input type="checkbox"/> Certification of Citizenship (form N-560 or N-561) <i>Do NOT photo copy. Bring original.</i> <input type="checkbox"/> Certification of Naturalization (INS Form N-550 or N570) <i>Do NOT photo copy. Bring original.</i>	<input type="checkbox"/> Permanent Resident Card or Alien Registration Card with Photograph (INS Form I-151 or I-551)

THIS BOX FOR OFFICE USE ONLY
<p>Copies of the above checked documents are being accepted as proof of eligibility based on citizenship or permanent resident status.</p> <p style="text-align: center;">-or-</p> <p>Proof of Certification of Naturalization: Transcribe the number located on the top right hand corner of the certificate. It should be in red ink, beginning with the hyphenated word No. Accept only original documents.</p> <p>No. <input style="width: 500px; height: 20px;" type="text"/></p> <p>Initials of staff member accepting documentation: _____</p>

Read & Sign

I, the undersigned applicant, am submitting the documentation checked above as proof of my citizenship or permanent resident status. I understand that the above checked documentation, if misrepresented, falsified, or incomplete, may be grounds for immediate removal from the program.

Further, I verify that all information provided in this application is true and complete; and I understand that any falsification or omission may result in my application being denied by Skill QUEST. I also understand that all photocopies of documents turned in to Skill QUEST to accompany my application become the property of Skill QUEST and will not be returned. *[Skill QUEST does not require or keep any original documentation]*

Signature

Date

CAREER WORKSHEET



Name: _____

Date: _____

Show us how much you know about your career and how excited you are to start working towards it. If you use additional paper, be sure to put your name at the top of each page.

Please note: Once accepted into the Skill QUEST program, changing your career choice requires approval. Participants must notify their assigned Case Manager of career training changes. This notification needs to be in writing and will require Skill QUEST approval.

1. Which career are you applying to be sponsored in? _____

2. Why are you interested in this career (please give as many reasons as you can)? _____

3. List at least *four* specific job duties that employees in this field perform.

- _____
- _____
- _____
- _____

4. Please describe the working conditions for your career (will you be working inside or outside, days or nights, sitting or on your feet, working with people or alone, etc.)? _____

Will any of the conditions you listed challenge you, why? _____

5. What is the pay range for someone *entering* this field? _____

6. List (3) specific employers that hire individuals in your career of choice? (hint: if you don't know any, try looking up the career in the phone book)

- _____
- _____
- _____

Your College Degree Plan

Most students will attend Dallas County Community College (DCCCD) – or Collin College if a Collin County resident. Take time to visit their website: www.dcccd.edu or www.collin.edu If your program is not offered at DCCCD, find out if the program is offered at Collin College and if offered at DCCCD if not in the Collin College system. Answer the below questions based on the information available on that school's program.

7. What degree or certification level will you need to complete to enter your chosen career field?

8. List 3 pre-requisite classes you will have to take for your degree:

- _____
- _____
- _____

9. List 3 additional classes, specific to your degree, that you will have to take:

- _____
- _____
- _____

10. Does your degree plan have a required Orientation or Information Session? YES NO
If yes, when is the next one?: _____

11. Who is the Department Chairperson?: _____

12. **Required for Applicants with Criminal Backgrounds.** There are strict guidelines in some careers that require licensing – including most healthcare careers and trades. Persons with criminal backgrounds must research their career choice with the appropriate licensing agency and submit proof that they would be allowed to practice in their chosen career. Contact the appropriate licensing agency to find out if you are eligible to work in your chosen career field. You may need to submit a letter or an application to one of the agencies below as part of the process.

Having a criminal record will not disqualify you from Skill QUEST but may limit your career choices. Only the Licensing Board can tell you if you will be allowed to work in your chosen career.

<p>Texas Department of Licensing and Regulation (TDLR) Telephone: (512) 463-6599 Toll-Free (in Texas): 800-803-9202 http://www.license.state.tx.us/index.htm (Look for the drop down menu to select your chosen career).</p>	<p>Board of Nurse Examiners (512) 305-7400 http://www.bon.state.tx.us</p>
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**Authorization for Release of College Transcripts,
Financial Aid Information and Academic Documentation**

I authorize the colleges of Dallas County Community College District to release all information necessary including college transcript, financial aid information, and academic documentation to Skill QUEST. This information will be strictly provided to Skill QUEST and should not be released to any other organization without my written approval.

I understand that these documents are to be used for the assessment of my current training and financial needs and will be kept strictly confidential. These documents will not be released to any other party without my consent.

I understand this authorization form will remain in effect until I revoke it in writing.

Printed Name: _____
(First, M.I., Last)

Signature: _____

Social Security Number: _____

Date: _____

**Authorization to Release
Unemployment Insurance Records**

I, _____, as evidenced by my signature below, authorize the Texas Workforce Commission (TWC) to release to:

Or his/her/its authorized representatives or agents, all records held or maintained by TWC as the administrator of the Texas Unemployment Insurance program. I understand that these records include all documents from any file relating to any claim for benefits made by me and to records of a state agency, and I expressly authorize that agency to release these records for the following purpose:

Any person(s) obtaining records pursuant to this Authorization shall be solely responsible for the payment of all costs assessed by the Texas Workforce Commission for providing such records. A legible photocopy or telecopy transmission facsimile of this Authorization shall be deemed equivalent to the original. This Authorization shall be valid for a period of six months from the date of execution set forth below, or until my written revocation is received by TWC, whichever occurs first.

This release shall apply to all time periods of records held or maintained by TWC unless specifically limited herein.

Signature: _____ **Date:** _____

Social Security Number: _____

Employer Information Release Authorization

As a participant in Skill QUEST training programs, I understand it is necessary to meet federal, state, and local requirements to validate the outcomes and appropriateness of the training provided.

I authorize Skill QUEST and its representatives to contact my employer during and after the training period, in perpetuity, to verify my employment, position, salary, benefits and to determine the extent to which my job performance reflects adequate technical and workplace training preparation for the position I hold.

I authorize my employer to release all information necessary including salary, local address and phone number to verify my employment status. I further understand that the information provided by my employer will be used only as program assessment data and will be kept strictly confidential. It will not be released to any other party without the written consent.

Skill QUEST Participant's Name:

(Type or Print Name)

Participant's Social Security No:

Participant's Signature:

Release of Information Confidentiality Statement

I hereby give Skill QUEST authority to release any information for the purpose of assisting me in Workforce Development activities. These activities include but are not limited to: job search, job readiness, and job retention, case management, counseling, education and training or supportive services necessary for employment and training.

I understand that the information provided to any organization by Skill QUEST is confidential and may only be disclosed to parties which have been authorized by Skill QUEST to assist me with job training and/or employment. My signature below indicates that I understand and concur with the contents of this statement.

Print Student Name
(First, M.I., Last)

Signature of Student

Social Security Number

Date of Signature



Date: _____

Skill QUEST, Inc. Participant Commitment Form

I, _____, as a participant of the Skill QUEST program agree to the following:

- I will fulfill all meeting and accountability requirements of the program.
- I will work hard to excel in my academic discipline and I will maintain a grade point average of 2.0 or higher.
- I will provide the most up to date grade information when my case manager or program director requires it, and give my case manager permission to discuss my class performance with any college personnel that may be appropriate.
- I will maintain clear and open communication with my case manager and program director at least weekly. I will not wait for a time of crisis to contact them.
- I will follow up with the resources that the Skill QUEST staff provides me.
- I will attend all VIP meetings. I understand that if I miss more than 3 meetings in a semester, I will be placed in probation and might face dismissal from the program.
- To be expelled, you have to fail to maintain a 2.0 grade point average and fail to fulfill all meeting and accountability requirements.
- I understand that VIP Sessions are mandatory weekly meetings for all QUEST participants. During each meeting, participants are presented with various life-skill and academic topics to support their workforce training. In case of critical emergency, not convenience, I will call, not email, my case manager, to discuss and substitute another VIP time.
- Before exiting the program, I agree to meet with the case manager or program director.
- After graduation, I will authorize my employer for the next 2 years to release all information necessary including salary, local address, and phone number to verify my employment status and performance. I further understand that the information provided by my employer will be used only as program assessment data and will be kept strictly confidential.

QUEST Participant's Name: _____

Participant's Social Security Number: _____

Participant's Signature: _____



My Giving Back Plan

Name: _____

Date: _____

Please think about how you would like to give back to the community. Fill out the front of this sheet and turn it in to the director at your next interview. *(Use an additional piece of paper if necessary)*

1.) If you are currently volunteering or giving back in other ways, write about your experience below.

2.) Now, please summarize your *future* plans for giving back to the community *once you finish school and are in a new job*. If you are already volunteering, do you plan to continue? If you're not currently involved with a volunteer organization, where do you see yourself involved in the community, volunteering, or donating?

3.) Would you be interested in giving back by participating in the ***Skill QUEST Alumni Association?*** Look over the involvement areas below and check off any area(s) you are interested in:

Volunteering:

- Leadership** within the Alumni Association: Helping to organize events, etc.
- Mentoring** a Skill QUEST participant.
- Translating** at orientations or meetings for applicants who speak languages other than English or Spanish.
- Ambassador's** outreach effort to underrepresented groups of young minority males - encouraging them to pursue higher education and to consider enrollment in Skill QUEST
- Volunteering** at Skill QUEST Orientations, events, or in the office as needed.
- Tutoring** Skill QUEST participants

Speaking/Advocating:

- Speakers' Bureau:** Speaking to individuals or groups at public events or meetings on behalf of Skill QUEST
- Sharing your story:** Working with the Alumni Coordinator to write your story for publication
- Standing up:** Sometimes Skill QUEST needs a large group of people to stand up and represent us at City or County Hearings (usually once a year). This helps us keep our funding.
- Or Standing up with DAI** –DAI is the sponsoring interfaith group for Skill QUEST and also needs groups to stand up and represent our families on issues that affect them.

Donating:

- Sponsor-a-Scholar:** Contribute annually to help send more participants through Skill QUEST

Signature

Date

Staff Signature

Date



Skill QUEST

2922 MLK Jr. Blvd., Building A, Suite 118
Dallas, TX 75215

Office 214.421.3555
Fax 1.866.678.4026

<http://skillquestntx.org/content/about-us>

Photo, Video, Audio & Comment General Release

Please Print:

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ E-MAIL: _____

EVENT: _____ DATE: _____

I, _____, for valuable consideration do hereby grant Skill QUEST/ LEAP/QUEST: Dallas/ Collin (QUEST) the absolute, unrestricted right and permission, with respect to photographs, audio recordings, and videos taken of me and/or any property belonging to me, and/or of comments made by me or any transcripts thereof, or in which I may be included with others, to copyright for same; to use, reuse and publish, and/or license for use, reuse or publication, the same in whole or in part in any and all media, including all now existing and any invented in the future, including without limitation use on the World Wide Web, now or hereafter, and for any purpose whatsoever including but not limited to advocacy, illustration, promotion, art, advertising and trade, and to use my name and pertinent biographical facts as QUEST chooses.

I hereby release, discharge and hold harmless QUEST and all parties functioning under QUEST's permission or authority from any and all claims and demands arising out of or in connection with the use of such photographs, videos and/or comments, including without limitation any and all claims for libel or invasion of privacy.

I am of full legal age and capacity and have the right to contract in my own name. I have read the foregoing and fully understand its contents. This release shall be binding on me and my heirs, legal representatives and assigns, and is irrevocable, perpetual and worldwide.

Signed: _____ DATE: _____

Witness: _____ DATE: _____

Printed Witness Name: _____

(See Reverse if Minor)

IF UNDER 18 YEARS OLD:

Minor's Name: _____ (minor)

I, _____, am the Parent/Guardian of the above named minor who is under eighteen years of age and am fully competent to sign this release. I hereby grant Skill QUEST/ LEAP/QUEST: Dallas/ Collin (QUEST) the absolute, unrestricted and irrevocable right and permission, with respect to photographs, videos and/or audio recording taken of the above named minor, or of any property belonging to minor, and/or comments or transcripts thereof made by minor, or in which minor may be included with others, to copyright for same; to use, reuse and publish the same, and/or to license for use, reuse or publishing the same, in whole or in part in any and all media, whether existing now or invented in the future, including but not limited to use on the World Wide Web, now or hereafter, and for any purpose whatsoever including but not limited to advocacy, illustration, promotion, art, advertising, and trade, and to use minor's name and pertinent education and/or biographical facts as QUEST chooses. I hereby release and discharge and hold harmless QUEST from any and all claims and demands arising out of or in connection with the use of photographs, audio recordings, videos and/or comments, including without limitation any and all claims for libel or invasion of privacy.

I have read the foregoing and fully understand its contents. This release shall be binding on me and my heirs, legal representatives and assigns, and is irrevocable, perpetual and worldwide.

Signed by Parent or Guardian: _____ Date: _____

Address: _____

City: _____ State: _____ Email: _____

Witness Signature: _____ Date: _____

Printed Witness Name: _____

=====

Photographer/Videographer/Recording Engineer's Notes:



Skill QUEST
List of Required Documentation

The following is a list of documents that you will need to have ready for your interview for the Skill QUEST staff:

Single Individual:

1. Last year tax returns and W-2 Form
2. 3 months of check stubs
3. Birth certificate
4. Social Security Card
5. Driver's license and a utility bill
6. High school diploma or GED and transcript
7. Transcript of college courses (if previously or currently in college)
8. Accuplacer scores (if previously in college)
9. Other sources of income (rental properties, TANF)
10. Household budget for the next 6 months
11. Letter stating reasons for wanting to become a participant
12. Background Check

Single Parent or Family Unit:

If you live with your parents or any other blood relative, you also need to provide their tax returns/ W-2 Form, including their retirement pension, SSDI/SSI earnings, and all the documents listed below for each person related to you by blood or marriage:

1. Last year tax returns and W-2 Form
2. 3 months of check stubs
3. Birth certificate (applicant and children)
4. Social Security Card (applicant and children)
5. Driver's license and a utility bill
6. High school diploma or GED and transcript
7. Transcript of college courses (if previously or currently in college)
8. Accuplacer scores (if previously in college)
9. Food Stamp Award Letter
10. Child Support Award Letter
11. Child Support Award Letter with monthly payment
12. Other sources of income (rental properties, TANF)
13. Household budget for the next 6 months (make sure you include all expenses, like childcare)
14. Letter stating reasons for wanting to become a participant
15. Background check