

PARTICIPANT INTAKE FORM

Apprenticeship Carolina™, a division of the SC Technical College System (SCTCS), is required or otherwise authorized by 29 Code of Federal Regulations Part 29 and the Terms and Conditions of the U.S. Department of Labor (USDOL) grant to collect the following information on each participant for which a reimbursement will be requested. The information below will always be kept strictly **confidential** and used solely for the purposes of data collection and reporting to USDOL as required by this grant.

At no time will any of the information you provide on this form be shared with anyone other than the applicable technical college, Apprenticeship Carolina/SCTCS staff and USDOL employees involved with the grant.

Failure to complete all fields will result in your request being denied or delayed.

Section A: Program Information

Program Type: ☐ Registered Apprenticeship ☐ Pre-Apprenticeship

Employer/Training Provider: _____

Section B: Background and Demographic Information

Legal
First Name: _____ Last Name: _____ Suffix: _____

Maiden Name (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

County: _____ Social Security Number: _____

Email Address: _____

Date of Birth (mm/dd/yyyy): _____ Phone Number: _____

Are you under the age of 18? ☐ Yes ☐ No

Name of Parent/Guardian if under 18: _____

Email Address of Parent/Guardian if under 18: _____

Gender: ☐ Male ☐ Female ☐ Prefer not to answer

Ethnicity: ☐ Hispanic/Latino ☐ Non-Hispanic/Latino ☐ Prefer not to answer

Race ☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ Prefer not to answer

Disability: ☐ Yes ☐ No ☐ Prefer not to answer

Veteran Status: ☐ Yes ☐ No ☐ Prefer not to answer

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Education Information

Highest School Grade Completed at Program Entry:

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12

Highest Education Level at Program Entry (*answers must correspond to the information provided above*):

☐ 0 = No HS Diploma or GED
☐ 1 = Received a High School Diploma
☐ 2 = Received a GED
☐ 3 = Received a IEP Certificate of Completion
☐ 4 = Completed some college courses, no degree or certificate
☐ 5 = Received a Collegiate, Vocational, or Technical School certificate (non-degree)
☐ 6 = Received a Associate degree
☐ 7 = Received a Bachelor's degree
☐ 8 = Received a Master's or Doctorate degree

School Status at Program Entry (*answers must correspond to the information provided above*):

☐ 1 = Currently in high school
☐ 2 = Currently in alternative school
☐ 3 = In college, vocational, or technical school
☐ 4 = Not attending school or HS dropout
☐ 5 = Not attending school; has received a HS Diploma or GED
☐ 6 = Not attending school, less than 17 years old

Pell Grant Recipient: ☐ Yes ☐ No

Employment Information

Employment Status at Program Entry:

☐ Employed ☐ Employed, but received notice of termination of employment ☐ Not in labor force ☐ Unemployed

Long Term Unemployment at Program Entry: ☐ Yes, > 27 consecutive weeks ☐ No

Ex-Offender at Program Entry: ☐ Yes ☐ No

Incumbent Worker: ☐ Yes (employed with your current employer for more than 6 months) ☐ No (employed with your current employer for less than 6 months)

Recipient of Incumbent Worker Training: ☐ Yes ☐ No

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Section C: Release of Information

By signing below, you verify that all information provided herein is both true and accurate. Your signature (1) authorizes your employer and the applicable technical college to provide this information to Apprenticeship Carolina/SCTCS and (2) permits Apprenticeship Carolina/SCTCS to use such information for purposes consistent with the grant. Failure to complete this form in its entirety may result in the delay or denial of USDOL funding for your coursework.

To sign this form electronically while using Adobe Reader or Adobe Acrobat, you may either type your name in the signature box below, or you may select the 'Sign Document by Typing or Drawing a Signature' button in the toolbar above.

Participant's Signature: _____

Date (mm/dd/yyyy): _____

A parent/guardian signature is required for all participants under 18 years of age.

Parent/Guardian Signature: _____

Date (mm/dd/yyyy): _____

Submission of this form constitutes your acknowledgment that (1) you are applying to receive grant funding; (2) this document is being provided in connection therewith; and (3) Apprenticeship Carolina makes no guarantee or other representation as to whether you will receive any such funding. Apprenticeship Carolina will, in its sole discretion, determine grant eligibility based on funding availability and in accordance with applicable guidance provided by the United States Department of Labor.

For Internal Office Use Only

Please indicate grant to which form is being allocated:

☐ SCYARI

☐ SAE

☐ SAEI

☐ Other

If other, please indicate grant: _____