



Competitive Skills Scholarship Program

Application Form

Program Goal

The goal of the Competitive Skills Scholarship Program (CSSP) is to provide eligible applicants with support and access to postsecondary education and training for industry-recognized credentials leading to skilled, well-compensated jobs in demand by Maine's employers.

To apply for CSSP, complete and submit an original application form to your local CareerCenter.

Note: Applications that are incomplete will not be considered.

For assistance in completing the application, visit your local CareerCenter.

Disclosure Statement: I understand that I may be asked to provide documentation verifying the information on this application. I understand that if I knowingly give wrong information, I may be charged with a crime for giving false information. I understand the questions on this form. I certify, under penalty of perjury, that all my answers are correct and complete as far as I know.

Signature of person applying _____ Date _____

Your name (first, middle initial, last)		Social Security Number		Sex	Birthdate (mm/dd/yyyy)
Mailing address: Street or P.O. Box (include apartment number, in care of, etc.)				City	
State	Zip Code	Phone	Email Address		
If different from your mailing address, give the address where you actually live:					
What Maine county do you reside in?					
Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If not, are you legally permitted to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No					

For more detailed information the Competitive Skills Scholarship Program and a complete list of approved occupations, please visit the following website at:

<http://www.mainecareercenter.com/services-programs/training/cssp/index.shtml>



MDOL OFFICE USE ONLY	
Postmark Date: Date Received:	Eligible <input type="checkbox"/>
	Not Eligible <input type="checkbox"/>
Stage One Eligible Selection # _____	

Household Information

Note: Household includes the applicant and all persons residing in his or her residence who are related by blood, marriage, domestic partner registration or decree of court, and are his or her spouse, registered domestic partner, guardian, parent or dependent child.

List other household members who live with you:

(If you need to add additional household members, please list under General Questions on page 4.)

Last Name	First Name	Middle Initial	Sex	Age	Relationship to You

List household gross earnings from your job or self-employment (before taxes or other deductions) in the past four (4) weeks (if your application is selected, you will be required to provide proof of this):

Yourself	Other Household Members Age 18 or Older:			
	Name and Amount	Name and Amount	Name and Amount	Household Total
\$				\$

List monthly household income other than wages below:

Source	Yourself	Other Household Members Age 18 or Older:	
		Name	Amount
Social Security	\$		\$
Social Security Disability	\$		\$
Other monthly income (e.g., VA, pension, or other source—describe)	\$		\$

Do you currently receive assistance from any of the following programs? (If yes, please check all that apply.)

- | | |
|--|--|
| <input type="checkbox"/> Temporary Assistance for Needy Families (TANF) | <input type="checkbox"/> Parents as Scholars (PaS) |
| <input type="checkbox"/> Unemployment compensation | <input type="checkbox"/> Vocational Rehabilitation |
| <input type="checkbox"/> Trade Adjustment Assistance (TAA) | <input type="checkbox"/> Federal Financial Aid (PELL/Student Loans) |
| <input type="checkbox"/> Trade Readjustment Allowances (TRA) | <input type="checkbox"/> Dislocated Worker Benefits (DWB) |
| <input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP, formerly known as food stamps) | <input type="checkbox"/> Workforce Investment and Opportunity Act (WIOA) |



Income Status

Will your household receive about the same amount of income in the next four (4) weeks? Yes No

If no, please state your total expected household income in the next four weeks: \$ _____

(Do not count TAA, TRA, unemployment compensation, TANF and SNAP assistance)

If applicable, briefly explain why you anticipate that your income will change:

Educational Background

Have you received your high school diploma or the equivalent (GED)? Yes No

If yes, what year?

Do you have any other educational degree(s), vocational license(s) or certification(s)? Yes No

If yes, name the degree(s), license(s) and/or certification(s) and the date(s) received:

Was the degree, license and/or certification obtained in another country (not the USA) or jurisdiction?

Yes No If yes, where?

If yes, have you worked in the field of that education, vocational license or certification in the last 15 years?

Yes No

If yes, where and how long?

If you are currently in school, where are you enrolled and what is your degree/program of study?

If you are not yet in school, what degree or certificate program are you most interested in enrolling in?

Veteran Status

Are you a Veteran? Yes No

Are you the spouse of a 100 percent Disabled Veteran? Yes No



General Questions

After you complete your education/training, in what profession or occupation do you want to work?

Please identify the occupation(s) you are interested in from the CSSP Occupations list:

Are you currently a State of Maine employee? Yes No

Do you have a disability? (Answering this question is voluntary.) Yes No

If we need to contact you, may we contact you by phone? Email? (if yes, please check those that apply)

Have you ever received services from the Competitive Skills Scholarship Program prior to this application?

Yes No If yes, please explain.

If there was not enough room on the first page or if you want to clarify something, write it here:

Your CSSP application will be kept on file for six months from the date submitted.

Incomplete or illegible applications will not be considered.

For assistance in completing the application, visit your local CareerCenter. Applications with missing, inaccurate or unreadable answers will be eliminated from consideration.

Lewiston CareerCenter 5 Mollison Way, Lewiston, ME 04240-5805
Phone: 753-9001 or 1-800-741-2991 • Fax: 783-5301

