

ATTENTION CSSP APPLICANTS!

BASIC GUIDELINES FOR COMPLETING THE CSSP APPLICATION **For Application Period February 1 – 15, 2011**

1. The CSSP training program uses a **RANDOM SELECTION** process to make training awards. Completed applications must be returned to any CareerCenter office, or be postmarked by the date of 15 FEBRUARY 2011. Please note we cannot accept e-mailed or faxed applications.
2. You must fully complete the entire CSSP application incomplete applications (missing information, signatures, etc.) will be not be held for consideration.
3. **Original applications** are required. E-mailed or faxed copies will not be held for consideration.
4. If you are selected, the information provided in your application will be verified by a CareerCenter prior to any training award being made.
5. Please make sure that you write in the county where you live in the upper left hand box on front page of the application. This is critical as training slots are allotted to CareerCenters by county and your application may only be considered in your county of residence. Multiple applications will not be accepted.
6. All applications will be reviewed for basic eligibility and then will be entered into a random selection process to be held on March 1, 2011 in Augusta. Please read the minimum eligibility criteria below.
7. If you have questions or concerns please ask a CareerCenter Consultant at your nearest CareerCenter, or go to www.mainecareercenter.com/skillsscholarship

CSSP minimum eligibility criteria:

- Live in Maine
- Be at least 18 years old
- Legally eligible to work in the U.S.
- Live in a low income family

Additional eligibility criteria:

- Are willing to applying for education or training for a job in a high wage, in demand occupation
- Do not already have a post-secondary degree
- Have the ability to undertake and complete education or training as determined by the institution providing the education or training

RETURN POSTMARKED BY
2/15/2011 to your local CareerCenter.
Your county _____

**State of Maine
Department of Labor**

Office Use Only

Eligible

Not Eligible

Postmark Date _____

Competitive Skills Scholarship Program

Application

| | | | | | |
|--|----------|------------------------|-------|------|----------------------------|
| Your name (first, middle initial, last) | | Social Security number | | Sex | Birthdate (month/day/year) |
| Mailing address: Street or PO Box (include apartment number, in care of, etc.) | | | | City | |
| State | Zip Code | Phone | Email | | |
| If different from your mailing address, give the address where you actually live: | | | | | |
| 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 | | | | | |

List other household members who live with you:

| Last name | First name | Middle Initial | Sex | Age | Relationship to you |
|-----------|------------|----------------|-----|-----|---------------------|
| | | | | | |
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List household gross earnings from your job or self-employment (before taxes or other deductions) in the past 4 weeks (if your application is selected, you will be required to provide proof of this):

| Yourself | Other Household members age 18 or over: | | | Household total |
|----------|---|-----------------|-----------------|-----------------|
| | name and amount | name and amount | name and amount | |
| \$ | | | | \$ |

List monthly household income other than wages below:

| Source | Yourself | Other household members age 18 or over: | |
|--|----------|---|--------|
| | | Name | Amount |
| Social Security Disability | \$ | | \$ |
| SSI | \$ | | \$ |
| Other monthly income (e.g., VA, pension, or other source - describe) | \$ | | \$ |

Are you currently a State employee? Yes No

Do you currently receive: Food Supplement Program assistance (formerly called Food Stamps)? Yes No

TANF? Yes No, Unemployment compensation? Yes No, TAA/TRA? Yes No.

Are you a Veteran? Yes No

Are you the Spouse of a 100% Disabled Veteran? Yes No

Will your household receive about the same amount of income in the next 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 Food Supplement Program assistance)

Briefly explain why your income changed:

Educational background

| |
|--|
| Have you received your high school diploma or the equivalent (GED)? <input type="checkbox"/>Yes <input type="checkbox"/>No. If yes, what year? |
| Do you have any other educational degree or vocational license or certification? <input type="checkbox"/>Yes <input type="checkbox"/>No. If yes, name the degree, license and/or certification and the date received: |
| If you are currently in school, what is your degree/program of study? |
| If you are not yet in school, what degree / certificate program are you most interested in enrolling in? |

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

I understand that I may be asked to provide documentation verifying the information on this application.
If you knowingly give wrong information, you 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** _____

**If we need to contact you, may we leave a message on your telephone? Yes No.
May we contact you by email? Yes No.**

Thank you!

| |
|---|
| If there wasn't room on the first page or if you want to clarify something, write it here: |
|---|

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|--------------------|
| Agency use: |
|--------------------|

Please mail (or drop this application off) to the CareerCenter nearest you by February 15, 2011. See CareerCenter locations/addresses on next page.

Maine CareerCenters

Augusta CareerCenter

21 Enterprise Drive, Suite 2
109 SHS, Augusta, ME 04333-0109
Phone- (207) 624-5120 or 1-800-760-1573
Fax- (207) 287-6236 TTY - 1-800-633-0770

Bangor CareerCenter

45 Oak Street, Suite 3, Bangor, ME 04401-7902
Phone- (207) 561-4050 or 1-888-828-0568
Fax- (207) 561-4066 TTY- 1-800-498-6711

Bath CareerCenter

34 Wing Farm Parkway, Bath, ME 04530-1515
Phone- (207) 442-0300 or 1-888-836-3355
Fax- (207) 442-0065 TTY- 1-888-697-2871

Calais CareerCenter

One College Drive
Calais, ME 04619-0415
Phone- (207) 454-7551 or 1-800-543-0303
Fax- (207) 454-0349 TTY- 1-888-697-2883

Lewiston CareerCenter

5 Mollison Way, Lewiston, ME 04240-5805
Phone- (207) 753-9000 or 1-800-741-2991
Fax- (207) 783-5301 TTY- 1-877-796-9833

Machias CareerCenter

53 Prescott Drive, Suite 1, Machias, ME 04654
Phone- (207) 255-1900 or 1-800-292-8929
Fax- (207) 255-4778 TTY- 1-800-381-9932

Madawaska CareerCenter (ACAP)

88 Fox Street, Suite 103, Madawaska, ME 04756-1352
Phone- (207) 728-6345 or 1-800-432-7881
Fax – (207) 728-4491

Portland CareerCenter

185 Lancaster Street, Portland, ME 04101-2453
Phone- (207) 771-5627 or 1-877-594-5627
Fax- (207) 822-0221 TTY- 1-888-817-7113

Presque Isle CareerCenter

66 Spruce Street, Suite 1, Presque Isle, ME 04769-3222
Phone - (207) 760-6300 or 1-800-635-0357
Fax - (207) 760-6350 TTY - 1-888-697-2877

Rockland CareerCenter

91 Camden Street, Suite 201, Rockland, ME 04841
Phone- (207) 596-2600 or 1-877-421-7916
Fax- (207) 594-1428 TTY- (207) 1-800-498-9262

Rumford CareerCenter

60 Lowell Street, Rumford, ME 04276-2096
Phone- (207) 364-3738 or 1-877-421-7915
Fax - (207) 369-9315 TTY - 1-888-313-9400

Skowhegan CareerCenter

98 North Avenue, Skowhegan, ME 04976-1923
Phone- (207) 474-4950 or 1-800-760-1572
Fax- (207) 474-4914 TTY- 1-888-697-2912

South Paris CareerCenter

232 Main Street, South Paris, ME 04281
Phone- (207) 743-7763/4 or 1-877-237-6171
Fax- (207) 743-8439

Springvale CareerCenter

9 Bodwell Court, Springvale, ME 04083
Phone- (207) 324-5460 or 1-800-343-0151
Fax- (207) 324-7069 TTY- 1-888-697-2913

Wilton CareerCenter

865 US Route 2E, Wilton, ME 04294-6649
Phone- (207) 645-5800 or 1-800-982-4311
Fax- (207) 645-2093 TTY – 1-888-297-2895