



## Work/Trade Assistance Application

Name: \_\_\_\_\_  
First Middle Last

Address: \_\_\_\_\_  
City State Zip

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Please describe what you are requesting the work/trade assistance for:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is your employment goal & how will this enable you to achieve your goal?:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have a criminal history that would prevent you from being cleared to work in this type of field? Yes No

If "Yes", please explain: \_\_\_\_\_

Are you currently employed? Yes No

Please describe your work history:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you applied for assistance through Worksource, community college or any other means?

\_\_\_\_\_

What was the result? \_\_\_\_\_



What documents are required to obtain the license/certificate you are requesting assistance for (ie. drivers license, birth certificate, training class, social security card, special clearance, etc)?

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Are there any required documents and/or training that you do **not** have? Yes No

If yes, please list \_\_\_\_\_

\*Please Note: A completed & attached LCM Benevolence Application is required.

**I certify that the facts contained in this application are true and complete to the best of my knowledge. I authorize investigation of all statements contained herein concerning my application.**

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
LCM Representative Date

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Office Use Only:

Costs: \$ \_\_\_\_\_ for \_\_\_\_\_  
\$ \_\_\_\_\_ for \_\_\_\_\_  
\$ \_\_\_\_\_ for \_\_\_\_\_

Interview Date: \_\_\_\_\_ Time: \_\_\_\_\_

Scholarship Committee Members: \_\_\_\_\_  
\_\_\_\_\_

Action Items Required:

Recommendation:    Approved            Declined
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