



Northeast Florida  
**ADVANCED MANUFACTURING**  
AMERICA'S PROMISE GRANT

Thank you for your interest in Northeast Florida Advanced Manufacturing America's Promise Grant. Please follow these steps to apply.

1. Download and complete this application packet using the checklist provided on the following sheet
2. Call (904) 598-5699 or email [americaspromise@fscj.edu](mailto:americaspromise@fscj.edu) to schedule an appointment with the case manager
3. Bring all completed documents to your appointment with the case manager for submission

**Appointments are scheduled Monday-Friday 8 a.m.- 4 p.m.**


**\*\*All documents must be completed\*\***

***Florida State College at Jacksonville  
Advanced Technology Center; Room T-114  
401 W. State Street, Jacksonville, FL 32202***

## Application Checklist

All documents must be completed and submitted to the address below. Monday–Friday, 8 a.m.-4:30 p.m. in Room T-114, otherwise by appointment only.

**Florida State College at Jacksonville**  
**Advanced Technology Center; Room T-114**  
401 W. State Street, Jacksonville, FL 32202

		<b>Submit</b>
1. <input type="checkbox"/>	Driver's License	COPY
2. <input type="checkbox"/>	Social Security Card	COPY
3. <input type="checkbox"/>	DD214 (for Veterans only)	COPY
4. <input type="checkbox"/>	Military ID (Veteran's spouse only)	COPY
5. <input type="checkbox"/>	Paystub/Letter from employer, if applicable	COPY
6. <input type="checkbox"/>	Industry credentials (if applicable i.e. OSHA 10, HAZMAT, CDL, Fork Lift Operator)	COPY
7. <input type="checkbox"/>	Assistance Application Form	Original
8. <input type="checkbox"/>	Participant Application Form	Original
9. <input type="checkbox"/>	Consent for Release of Student Records & Information Form	Original
10. <input type="checkbox"/>	Self-Attestation Employment Verification Form	Original
11. <input type="checkbox"/>	Continuing Education Registration Form (Boot Camp class only)	Original
12. <input type="checkbox"/>	Complete Online Registration: Employ Florida Marketplace employflorida.com	Resume Copy
13. <input type="checkbox"/>	Program Assessment	Original

**Assistance Application**

This form is used to request financial assistance for barriers that are preventing the participant from successfully completing the Northeast Florida America's Promise Grant program. Funding consideration may include, but is not limited to, expenses associated with transportation and childcare. Information on other resources is also provided. Assistance is limited and is not guaranteed.

All information on this page **MUST** be completed before assistance can be considered.

STUDENT INFORMATION

DATE: \_\_\_\_\_ STUDENT ID: \_\_\_\_\_ DATE OF BIRTH (MM/DD/YY): \_\_\_\_\_  
 LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MI: \_\_\_\_\_  
MAILING ADDRESS:  
 STREET: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 HOME PHONE: (\_\_\_\_) \_\_\_\_\_ CELL PHONE: (\_\_\_\_) \_\_\_\_\_  
 FSCJ EMAIL: \_\_\_\_\_ PERSONAL EMAIL: \_\_\_\_\_

REASON FOR ASSISTANCE REQUEST

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

By requesting U.S. Department of Labor funds, I certify that this barrier prevents me from successfully completing the NE FL America's Promise Grant program and that other resources are not available or being utilized.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PLEASE ATTACH SUPPORTING DOCUMENTATION

FOR INTERNAL USE ONLY

PROGRAM AND FUNDING CRITERIA

\_\_\_\_\_, participant in the Northeast Florida America's Promise Grant program, has met the following program parameters to qualify for \_\_\_\_\_ assistance not to exceed amount of \$\_\_\_\_\_.

- A. \_\_\_\_\_ 27 weeks unemployed or underemployed
- B. \_\_\_\_\_ Adhering to America's Promise Grant program Policies and Procedures (attendance and maintaining grades)
- C. \_\_\_\_\_ Requested, in writing (emailed/typed/hand delivered), assistance for said hardship
- D. \_\_\_\_\_ Supporting documentation attached (bill, invoice, email request, etc.)

**Information has been received and confirmed by:**

_____	_____	_____	_____	_____	_____
<b>Laurence Greene</b>	<b>Date</b>	<b>Michael Collins</b>	<b>Date</b>	<b>Dr. Douglas Brauer</b>	<b>Date</b>
<b>Case Manager</b>		<b>Program Manager</b>		<b>Dean of Engineering</b>	

Funding for this workforce grant was awarded by the U.S. Department of Labor's Employment and Training Administration. The form was created by the grantee and does not necessarily reflect the official position of the U.S. Department of Labor. The U.S. Department of Labor makes no guarantees, warranties, or assurances of any kind, express or implied, with respect to such information, including any information on linked sites and including, but not limited to, accuracy of the information or its completeness, timeliness, usefulness, adequacy, continued availability, or ownership.

## Participant Application

PARTICIPANT DETAILS			
<b>Last Name:</b>	<b>First Name:</b>	<b>MI:</b>	<b>Social Security #:</b>
Home Phone:		<b>Driver's License #:</b>	
Cell Phone:			
<b>Primary Street Address:</b>			<b>Email:</b>
<b>City:</b>	<b>State:</b>	<b>Zip:</b>	
DEMOGRAPHIC & GENERAL INFORMATION			
<b>Date of Birth:</b> _____	<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Race:</b> <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> White	
<b>Citizenship Status:</b> <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> U.S. Permanent Resident <input type="checkbox"/> Lawfully admitted alien with right to work		<input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander	
<b>Are you willing to relocate?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Multi-Racial <input type="checkbox"/> Hispanic <input type="checkbox"/> Other _____	
<b>Are you willing to participate in an internship?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Limited English:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Have you ever been convicted in a court of law?</b> (A yes answer does not exclude you from the program.) <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Do you consider yourself to have a disability?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, what? _____			
<b>VETERAN STATUS: Are you a Veteran:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Are you the spouse of a Veteran?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Note:</b> As a Veteran, please provide a copy of your military form (DD214 Form). As the spouse or dependent of a Veteran, please provide a copy of your military identification.			
<b>EDUCATION STATUS: Enrolled currently in school:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Highest Grade Completed:</b> ____ <input type="checkbox"/> GED			
<input type="checkbox"/> HS Diploma <input type="checkbox"/> Voc. Cert <input type="checkbox"/> AA/AS Degree <input type="checkbox"/> BA/BS <input type="checkbox"/> Master's + Certification(s) Obtained: _____			
<b>EMPLOYMENT STATUS:</b>			
<b>Are you currently employed?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Name of Employer</b> _____			
<b><u>NEEDS ASSESSMENT: As a grant participant, you may receive supportive services as needed, if justified. Please select all services that you would like to receive.</u></b>			
<input type="checkbox"/> Childcare Assistance		<input type="checkbox"/> Transportation Assistance	

**TRAINEE (Attestation):**

I certify, by my signature, that I have read and acknowledge that the information on this form is accurate. Information is being provided to establish eligibility for training and employment services under the \$1.8 million America's Promise Grant sponsored by the U.S. Department of Labor and is subject to all applicable Federal and State confidentiality laws. The EO data will be maintained in a manner that allows the individuals from whom the data was collected to be identified, and that ensure confidentiality. I understand that I must maintain a grade of 'C' or better in each program class and miss no more than one (1) day in each training class to be funded by the America's Promise Grant. I also understand that if I drop out of any program course, I will be responsible for the total cost of my courses.

Participant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

In compliance with Florida State Statute 119.071(5), students should be aware that Florida State College at Jacksonville collects and uses social security numbers (SSNs) if specifically required by law to do so or if necessary for the performance of the College's duties and responsibilities. The College takes appropriate measures to secure SSNs from unauthorized access and does not release SSNs to other parties except as required to fulfill the College's duties and responsibilities. This workforce product was funded by a grant awarded by the U.S. Department of Labor's Employment and Training Administration. The product was created by the recipient and does not necessarily reflect the official position of the U.S. Department of Labor. The Department of Labor makes no guarantees, warranties, or assurances of any kind, express or implied, with respect to such information, including any information on linked sites and including, but not limited to, accuracy of the information or its completeness, timeliness, usefulness, adequacy, continued availability, or ownership. This product is copyrighted by the institution that created it.

**WRITTEN CONSENT FOR RELEASE OF  
STUDENT RECORDS AND INFORMATION**

Florida State College at Jacksonville (the "College"), in compliance with the Family Educational Rights and Privacy Act of 1974 ("FERPA"), requires the written consent (the "Written Consent") of the student authorizing the disclosure of non-directory information from his or her record. The Written Consent must include: the information to be released; the party or class of parties to whom the information is to be released; the purpose of the release; the date; and the student's signature.

Taking the above paragraph into consideration, I understand that the College would like to gather information regarding Personal Identifying Information (PII) and needs access to, and release of, Personal Identifying Information (PII).

I, \_\_\_\_\_ (Student's Full Name), hereby give my written consent to the College, its employees, agents and representatives to release and disclose any and all of my student records, including, but not limited to, my academic information, my financial aid information, my loan information and my account information, to the employees, agents and representatives from Florida State College at Jacksonville for the distinct purpose of the Northeast Florida America's Promise Grant.

**I hereby authorize the College, its employees, agents and representatives to disclose and release my student records to \_\_\_\_\_ . I waive my rights under FERPA with respect to these communications between the College and \_\_\_\_\_ . I hereby understand and release the College, its employees, agents and representatives from all legal responsibility and all liability for the disclosure, release or use of my student records to \_\_\_\_\_ .**

**I hereby affirm and understand that I have the right not to consent to the release of my education records, that I have the right to inspect any written records released pursuant to this Written Consent, and that I have the right to revoke this consent at any time.**

**This Written Consent is binding upon the parties and their respective heirs, successors and assigns. I have read and fully understand the terms of this Written Consent and I am authorizing that my student records be released to a third party at my request.**

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student's Full Name

\_\_\_\_\_  
Student's College ID Number

## Self-Attestation Employment Verification Form

Name: \_\_\_\_\_ SS #: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Date: \_\_\_\_\_

I am not currently employed. How long have you been unemployed? \_\_\_\_\_

- Did anyone in your household receive any type of assistance in the last six months? (ex. food stamps, housing, reduced lunch)  **Yes**  **No**
- Have you been homeless in the last six months?  **Yes**  **No**
- Have you been forced to move due to any of the following reasons:
  - If you were laid off because of a company closing or moving?  **Yes**  **No**
  - If you were self-employed and economic conditions created the dislocation?  **Yes**  **No**
  - If you are a displaced homemaker?  **Yes**  **No**
  - If you are a military employee or spouse that lost employment due to relocation?  **Yes**  **No**

I certify that I am employed by: \_\_\_\_\_ Phone (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_  
*(Name of Employer)*

Employer Address: \_\_\_\_\_

My job title is: \_\_\_\_\_

I began employment on \_\_\_\_\_ to \_\_\_\_\_  
*(Start Date)* *(End Date)*

My rate of pay is \$\_\_\_\_\_ per hour and I work \_\_\_\_\_ hours/days per week.  
*(Hourly Rate)* *(# of hours)*

I get paid every (circle one):      Week              Bi-Weekly              Semi-Monthly

I receive the following benefits (circle all that apply): Sick    Vacation    Health    Dental    N/A

I attest that the information recorded by me on this document is accurate and true.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
America's Promise Grant Representative Signature

\_\_\_\_\_  
Date

In compliance with Florida State Statute 119.071(5), students should be aware that Florida State College at Jacksonville collects and uses social security numbers (SSNs) if specifically required by law to do so or if necessary for the performance of the College's duties and responsibilities. The College takes appropriate measures to secure SSNs from unauthorized access and does not release SSNs to other parties except as required to fulfill the College's duties and responsibilities. This workforce product was funded by a grant awarded by the U.S. Department of Labor's Employment and Training Administration. The product was created by the recipient and does not necessarily reflect the official position of the U.S. Department of Labor. The Department of Labor makes no guarantees, warranties, or assurances of any kind, express or implied, with respect to such information, including any information on linked sites and including, but not limited to, accuracy of the information or its completeness, timeliness, usefulness, adequacy, continued availability, or ownership. This product is copyrighted by the institution that created it.

**Continuing Education Application/  
Registration Form** (non-credit application only)

Social Security Number\* \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ or assigned Student I.D. # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
\*In compliance with Florida Statute 119.071(5), Florida State College at Jacksonville issues this notification regarding the purpose of the collection and use of Social Security numbers. Florida State College at Jacksonville will collect your Social Security Number (SSN) for use for legitimate business purposes, which include record identification, state and federal reporting. Providing your SSN on this application means that you consent to the use of your number in the manner described. If you choose not to provide your SSN, you will be provided an alternate identification number. All Social Security Numbers are protected by Federal regulations and are not to be released to unauthorized parties. Read more about the collection of Social Security Numbers in the College Catalog and on the College Web site.

Student's Name \_\_\_\_\_  
 \_\_\_\_\_  
 Last First Middle Previous Name Used, if any

Mailing Address \_\_\_\_\_  
 \_\_\_\_\_  
 Number and Street / Apt. # or P. O. Box  
 \_\_\_\_\_  
 City State Zip Code County

E-Mail Address \_\_\_\_\_

Phone ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
 Home Work

The College may deny admission or enrollment to an individual because of misconduct if determined to be in the best interest of the College. An individual designated as a sexual predator by any court will not be admitted to or enrolled with the College. An individual identified as a sexual offender by any court may be considered for admission or enrollment using procedures established by the administration-APM 10-0701.

Have you ever been designated a sexual predator by any court?  Yes  No  
 Have you ever been designated a sexual offender, or convicted of any sexual felony?  Yes  No

**FOR NEW STUDENTS ONLY**  
 Gender:  Female  Male Primary Language:  English  Spanish  Other \_\_\_\_\_  
 Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Country of Birth \_\_\_\_\_ Country of Citizenship \_\_\_\_\_

*Responding to the following question is voluntary and the information supplied will not be used in the admission process.*  
**Ethnicity:**  Hispanic (H)  Not Reported (X) **Race:**  Black or African-American (B)  Asian (A)  White (W)  
 American Indian or Alaskan Native (I)  Hawaiian or Pacific Islander (I)  Not Reported (X)

Residency: 3 Basis of Admission: N-7 Personal Enrichment or N-8 Career Enrichment Program Objective: 8403 Personal Enrichment or 8406 Career Enrichment

Class Start Date	Course Number	Course Title	Reference Number	Days	Times	Location

**Payment of course fees are due before the class start date. Sponsored students are liable for any charges incurred on their behalf and are responsible for payment if the sponsoring agency does not render payment to the College in the prescribed manner.**  
**By signing below, I understand that I am entering into an agreement with the College that I am liable for and will pay all properly charged fees for my registration and attendance at the College.**

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Processed By: \_\_\_\_\_ Campus: \_\_\_\_\_ Date: \_\_\_\_\_  
Florida State College at Jacksonville does not discriminate against any person on the basis of race, disability, color, ethnicity, national origin, religion, gender, age, sex, sexual orientation/expression, marital status, veteran status, or genetic information in its programs or activities. Inquiries regarding the non-discrimination policies may be directed to the College's Equity Officer, 501 West State Street, Jacksonville, Florida 32202 | (904) 632-3221 | [equityofficer@fscj.edu](mailto:equityofficer@fscj.edu). Florida State College at Jacksonville is accredited by the Southern Association of Colleges and Schools Commission on Colleges to award the baccalaureate and associate degree. Contact the Commission on Colleges at 1866 Southern Lane, Decatur, Georgia 30033-4097, or call (404) 679-4500 for questions about the accreditation of Florida State College at Jacksonville. The Commission is to be contacted only if there is evidence that appears to support an institution's significant non-compliance with a requirement or standard.

## Register for an Employ Florida User Account

1. Go to [employflorida.com](http://employflorida.com) (You can also Google Employ Florida to get to the home page)
2. Under the sign in boxes at the top of the screen, click on: [Not Registered? Learn How and Why](#)
3. You will be re-directed to a new page. On the screen, you should see Option 1, 2 and 3. If you do not already have an account, choose Option 3 and select *"Individual."*
4. On the next page, select *"I Agree."*
5. You should now be on a page where you can begin to fill out the Employ Florida Registration Form. Please continue filling out the form until you come to "Submit a Resume." You are required to fill out the form up to this point.



### America's Promise Grant Program Assessment

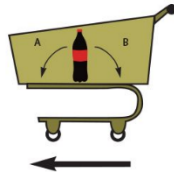
Name \_\_\_\_\_

Date \_\_\_\_\_

Please select the best answer to the following questions.

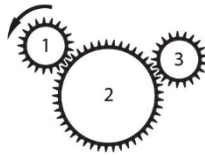
1. If the shopping cart is moving in the direction of the large arrow and then stops suddenly, in which direction will the bottle fall?

A     B



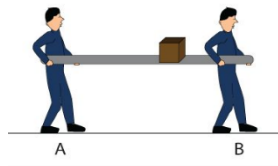
2. In what direction is Gear 3 turning?

Clockwise     Counter-clockwise



3. Two men are carrying a box on a plank. Which man is carrying the heavier load?

A     B



4. Which tool listed below is a cutting tool?

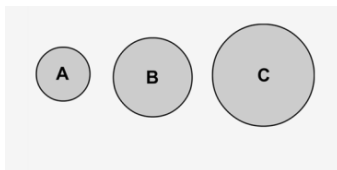
Tack     Saw     Mallet     Ruler

5. If you see a chemical spill at a car accident, what should you do?

Nothing     Clean it up     Call the police and keep away

6. Which ball is the heaviest, if all 3 balls are made of the same material?

A     B     C



7. Which of the following is waste for a company?

Waiting for parts     Excess on the shelves     Over production     All of the above

8. Which rock will get hotter as it sits in the sun?

A    B



9. Good housekeeping can be a part of logistics.

True    False

10. Saliva is a carrier of bloodborne pathogens.

True    False

11. Gasoline is a flammable liquid.

True    False

12. You must sit through only 20 hours of OSHA 30 to get your official card.

True    False

13. Twenty-one is the minimum age to operate a forklift or industrial vehicles.

True    False

14. Fire extinguishers do not need to be inspected on a regular basis to be sure they work properly.

True    False

15.  $612 \times 4 = ?$

2,848    2,408    2,448    1,658    None of these answers

16. 200 divided by 4 =?

15    50    35    65    None of these answers

17. Should you use electrical devices while taking a bath?

Yes    No    I do not know

18. Should you walk under ladders that are being used?

Yes    No    I do not know

19. Should you fill your gas tank while the car is running?

Yes    No    I do not know

20. Should you smoke a cigarette while spray painting an item?

Yes    No    I do not know