

Critical Skills Shortage Initiative (CSSI)

Youth Healthcare Careers Scholarship

Application and Policy

Academic Year 2007-2008

Central Region

Serving the Counties of: Cass, Christian, Greene, Logan, Macon,
Macoupin, Menard, Montgomery, Morgan, Sangamon, Scott, and
Shelby

CRITICAL SKILLS SHORTAGE INITIATIVE

Youth Healthcare Careers Scholarship

PURPOSE OF THE CSSI PROJECT

The Critical Skills Shortage Initiative (CSSI) in the State of Illinois is an innovative project designed to address the shortage of skilled workers in designated industries and occupational areas. The Central Region has targeted the healthcare industry and focused efforts on occupational areas determined to be most in demand and for which a shortage is imminent. These career areas include: Registered Nurses, Medical Coders and Health Information Workers, Clinical Lab Scientists, and Medical Lab Technicians. In order to address the shortage, funding is available through the CSSI project and/or formula grant funding to the local workforce area to train individuals who pursue occupations in one of the identified healthcare areas.

Eligibility

In order to be a candidate for funding, the customer must:

- Be between the ages of 17 and 21
- Be enrolled in or accepted for admission in a CSSI training program listed above and attend an institution listed on the WIA approved provider list. (To access the WIA approved provider list, logon to www.ietc.org) **and**
- Meet eligibility guidelines of the Workforce Investment Act (WIA) for Youth programs or be an incumbent worker. Eligibility guidelines for WIA Youth programs are: meet income guidelines and have a barrier requiring assistance. If selected for consideration of a scholarship award, a case manager will review eligibility criteria; **or**
- Meet eligibility guidelines as an incumbent worker. An incumbent worker is defined as:
a) an individual who has a full time employment relationship with an employer in a targeted industry (healthcare); and b) need upgrade training to increase his or her skills in the targeted occupation in which the individual is already an incumbent or to prepare the worker for entry into a new occupation within one of the targeted career areas.

WIA Eligible Applicants - Customers determined eligible for the Workforce Investment Act, Youth Programs, that are seeking training in a targeted CSSI occupation will follow the WIA process for eligible applicants including orientation, assessment, eligibility determination, completion of an individual service strategy, enrollment in training and follow-up activities.

Incumbent Worker Eligible Applicants - Customers eligible under the Incumbent Worker guideline must provide documentation to satisfy the following criteria:

- 1) U.S. Citizenship
- 2) Veteran Status
- 3) Social Security Card
- 4) Most recent pay stub from current employer
- 5) Sequence of courses (with projected date of graduation)
- 6) Once selected and enrolled in training, a pay stub will be required every quarter to verify continued employment.
- 7) A letter of support from their employer

Selection Criteria

To be considered in the selection process, all applicants must submit information prior to the deadline that includes a:

- 1) Completed, signed and dated CSSI Healthcare Application

2) Documentation listed on page 3

If during the selection process, the number of qualified applicants exceeds the amount of funding available, the following criteria will be taken into consideration.

- ❖ Veteran status
- ❖ Are full-time or closest to full-time students
- ❖ Have the fewest number of credit hours remaining to complete their training program
- ❖ Have the highest cumulative grade point average as documented on an official transcript or other official school form
- ❖ Have the greatest financial need per the Student Aid Report

If selected for funding, the candidate will be contacted to complete necessary paperwork and submit required documentation

Funding Criteria and Amounts

Scholarship recipients will receive a maximum amount of \$5,000 per year. Applicants enrolling at institutions where the cost of tuition and mandatory fees exceeds the \$5,000 award must show proof of financial aid, scholarship awards or other forms of financial support that cover the remaining cost of training at the school.

Duration of Funding

Funding for subsequent years of training through CSSI is contingent upon:

- ❖ Satisfactory progress of the student as defined by the educational institution (example: 2.0 grade point average on a 4.0 scale and meeting requirements of the institution) and
- ❖ The availability of workforce dollars designated for the CSSI project or local workforce area formula funds
- ❖ Annual review and submission of Student Aid Report (SAR)

Student Responsibilities

- 1) Upon graduation, the CSSI student must provide a copy of his/her diploma or degree to the Workforce office
- 2) The CSSI student must pass any licensure exam and provide a copy of his/her license to the workforce office
- 3) Recipient must provide follow-up information including employer information, wages, job title and start date.
- 4) It is the student's responsibility to notify program staff if any information on his or her **application** changes.
- 5) Submit grade report to the Workforce Office each semester.

APPLICATION INFORMATION AND DEADLINE

Applications are due May 15, 2007.

Only complete applications will be considered. Only one notice/request for additional information will be requested. **Application submission does not guarantee a scholarship.**

GENERAL PROGRAM INFORMATION

Only coursework within the curriculum for which the student is approved will be eligible for funding. It does not pay for pre-requisite coursework. The expense for coursework applied to another degree will not be paid nor will it be considered when determining eligibility for an award. Applicants are not required to disclose their Social Security number on the **application** form; however, if selected, the Social Security Number will be required.

Please submit application and documentation to:

**Workforce Investment Solutions
1075B West Pershing Road
Decatur, IL 62526
217-872-5870**

Documentation to be included with your application for consideration:

- ❖ **Notice of acceptance into training area**
- ❖ **Copy of class schedule**
- ❖ **Copy of license (LPN, RN, other)**
- ❖ **Financial Aid awards – Student Aid Report (SAR), Notice of scholarship awards, etc.**
 - **Copy of transcripts and/or grade report if previously enrolled in school**

Please Note: Additional documentation will be gathered for eligibility purposes prior to a final scholarship award.

CRITICAL SKILLS SHORTAGE INITIATIVE (CSSI)
Youth Healthcare Careers Scholarship Application
Academic Year 2007-2008

A. APPLICANT INFORMATION

- ❖ Name _____
(First) (Middle Initial) (Last)

- ❖ Mailing address _____
(Street Address/Apt./P.O. Box)

(City) (State) (Zip)

- ❖ Date of Birth _____ County of residence _____
- ❖ Telephone _____ Cell phone _____
- ❖ E-mail address _____
- ❖ Female _____ Male _____
- ❖ Single _____ Married _____
- ❖ Number of household members (including yourself) _____
- ❖ Citizenship: Are you a citizen of the United States? Yes _____ No _____
If no, are you a lawful permanent resident alien? Yes _____ No _____
- ❖ Are you a Veteran? Yes _____ No _____
- ❖ How long have you lived in Illinois? _____ years and/or months
- ❖ Will you work in Illinois upon completion of your training program? Yes _____ No _____
- ❖ Ethnic origin
_____ American Indian/Alaskan Native _____ Hispanic
_____ Asian/Pacific Islander _____ White, non-Hispanic
_____ Black, non-Hispanic _____ Other _____ Declined to disclose
- ❖ Have you ever been convicted of a felony/misdemeanor? Please explain

B. EDUCATION INFORMATION

In which program have you been accepted to enroll during academic year 2007-2008

- _____ Registered Nurse Associate degree program
- _____ Registered Nurse Hospital-based diploma program
- _____ Registered Nurse Baccalaureate degree program
- _____ Medical Coding/Health Information Worker
- _____ Medical Lab Technician – two year program
- _____ Clinical Lab Scientist – Baccalaureate program

- ❖ Anticipated date of graduation with your degree/certificate _____
(Month) (Year)

- ❖ Name of school where you will be enrolled _____

- ❖ Address of school _____

- ❖ Are you currently enrolled in school? _____ Where? _____
- ❖ During academic year 2007-2008, will you be enrolled:
_____ Full-time (12 credit hours or more) _____ Date classes begin
_____ Part-time (4 – 11 credit hours)
_____ Combination (full-time and part-time)

- ❖ What is the estimated cost of tuition and mandatory fees for the academic year 2007—2008 _____
- ❖ What is the estimated cost of books and required supplies _____
- ❖ Will you need transportation or child care assistance? Please list type of assistance needed and costs. _____
- ❖ Have you had prior post-secondary education? Yes _____ No _____
 If yes, what type:
 _____ Associate degree(List career area) _____
 _____ Baccalaureate degree (List career area) _____
 _____ Certificate (List career area) _____
 _____ Other training (List type)_____
- ❖ Do you have a current Illinois nurse/practical nurse license? _____ Yes _____ No
 (If yes, provide a copy of your Illinois nurse license with this application)

C. OTHER FINANCIAL AID

- ❖ Are you receiving other sources of financial aid that will assist with your educational expense? Yes _____ No _____
- ❖ If yes, please list financial aid that you are eligible for (MAP, Pell Scholarships, Veterans, etc.) , _____
 Provide documentation with your application.
- ❖ Were you claimed as a dependent on your parent(s)/guardian(s) 2006 income tax return? Yes _____ No _____
- ❖ What is your estimated family income for 2006? _____

D. EMPLOYMENT INFORMATION

Please complete employment information beginning with your most recent job. _____

Name of Employer _____

Address of Employer _____
 (Street, City, State)

Hours per week _____ Employer Phone Number _____

Job Title _____ Hourly Wage _____

Employment Start Date _____ End Date _____

Reason for Leaving _____

 Name of Employer _____

Address of Employer _____
 (Street, City, State)

Hours per week _____ Employer Phone Number _____

Job Title _____ Hourly Wage _____

Employment Start Date _____ End Date _____

Reason for Leaving _____

E. INCOME INFORMATION

❖ Average weekly household income (gross) _____

❖ Names and ages of other children dependent upon parental support _____

❖ Check all that apply:

Receiving unemployment insurance benefits _____

Receiving food stamps _____

Receiving other assistance (TANF, SSI, Veterans's Assistance, etc.) _____

F. SOCIAL SECURITY STATEMENT

You are not required to disclose your Social Security number at this time, and no rights, benefits or privileges will be denied if you choose not to disclose your number. Be advised, however, that your social security number will be required at a later date if you are selected to receive scholarship funds through the CSSI Healthcare Scholarship Program. If you agree to disclose your number, it will be used for collecting information from your school. If you disclose your Social Security number, please indicate your number below and sign this section.

____ - ____ - _____

Applicant's Signature

Date

Applicant's Name - print

G. RELEASE/CERTIFICATION STATEMENT

I hereby agree that the Land of Lincoln Consortium may verify any and all statements in this **application** and future employment documentation that may be relevant to funding. I grant permission to any and all persons and institutions to release all information requested by the Land of Lincoln Consortium and further agree that the Land of Lincoln Consortium may release such information to appropriate persons and institutions. I certify that I am not presently in default on payments for any previously received state or federal educational funds. I also hereby certify that the information submitted in this **application** is a true record.

Applicant's Signature

Date