



The Improvement Association P.O.W.E.R. Program Pre-Application  
 1750 East Atlantic Street \* Emporia, Virginia \* 23847 \* 434-336-9905  
 233 A County Drive \* Waverly, Virginia \* 23890 \* 804-834-3522  
 (Serving Crater Regional Workforce Investment Board Area XV)

**CONTACT INFORMATION** **Today's Date:** \_\_\_\_\_

<b>Name:</b> _____ <div style="display: flex; justify-content: space-between; font-size: small;"> <span>First</span> <span>Middle</span> <span>Last</span> </div> <b>Street Address:</b> _____ <div style="text-align: right; font-size: small;">City, State, Zip</div> <b>Mailing Address:</b> _____ <div style="text-align: right; font-size: small;">City, State, Zip</div> <b>Date of Birth:</b> _____ <b>Social Security #:</b> _____ <b>Home/Message Number:</b> _____ <b>Cell Phone Number:</b> _____ <b>E-mail Address:</b> _____	<b>Jurisdiction:</b> <input type="checkbox"/> Dinwiddie <input type="checkbox"/> Emporia <input type="checkbox"/> Greensville <input type="checkbox"/> Hopewell <input type="checkbox"/> Petersburg <input type="checkbox"/> Prince George <input type="checkbox"/> Sussex <input type="checkbox"/> Surry
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**FAMILY STATUS/INCOME**

List the names of all family members living in your household	Age	Relationship to Applicant (Mother, Father, Brother, Sister, etc)	Employed:	Income Source: Please check all that apply.
Example: John P. Youth	16	Brother	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	<input type="checkbox"/> TANF <input type="checkbox"/> SSI <input type="checkbox"/> SSA <input type="checkbox"/> Unemployment <input type="checkbox"/> Child Support <input type="checkbox"/> Food Stamps <input checked="" type="checkbox"/> Other
Monthly Household Income Amount:			\$ _____	

Is applicant or any household family member currently enrolled in any of The Improvement Association's programs? ( ) Yes ( ) No

Has applicant or any household member ever received services from The Improvement Association before? ( ) Yes ( ) No

**ELIGIBILITY CATEGORY** *(An identified barrier is necessary to be eligible for the program - Circle all that apply)*

School Drop-Out	Homeless	Runaway	Disabled
Behind a Grade Level	Foster Child	Pregnant or a parent	Offender

**CERTIFICATION:** I certify that the information provided is true to the best of my knowledge. I am also aware that the information I have provided is subject to review and verification and I may have to provide documents to support this application. I am also aware that I am subject to immediate termination if I am found ineligible after enrollment and may be prosecuted for fraud and/or perjury. I allow release of this information for verification purposes and understand that it will be used to determine eligibility.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**SEE DOCUMENTATION CHECKLIST PAGE 2**

All eligible applicant documents will be forwarded to the Vocational Counselor that serves the area in which the applicant lives. The Vocational Counselor will schedule interviews and applicants selected for enrollment will be notified by mail. Ineligible applicant documents will be kept on file.

## **The Improvement Association**

### **P.O.W.E.R. Program Pre - Application Checklist**

Please bring the following checklist(s) items to the office with your pre-application. (If you are under the age of 18, a parent/guardian signature is required). All **FOUR** items on the checklist must be submitted to determine eligibility, pre-applications missing information will not be processed.

#### Checklist Items

#### **1. Proof of Social Security Number**

- a. Driver's License
- b. Letter from Social Security Administration
- c. Social Security Card

#### **2. Proof of Birthdate/Age**

- a. Birth Certificate
- b. Driver's License
- c. Federal, State, or Local Identification Card
- d. School Records/Identification Card

#### **3. Proof of Income**

- a. Pay stub from employer
- b. Public Assistance (TANF) Records/Printout
- c. Copy of Public Assistance Check/Bank Statement showing direct deposit
- d. Statement of food stamp assistance from Department of Social Services/Copy of EBT card is not sufficient
- e. Social Security Benefits, SSI, Social Security Disability benefit
- f. Unemployment Insurance Documentation

#### **4. Proof of Education**

- a. Transcript from high school/request from guidance department
- b. Current Grade Report
- c. Copy of High School Diploma
- d. Copy of GED documentation
- e. Transcript from college
- f. Documentation of certifications