 **Updated 09.16.2020**

**SCHOLARSHIP APPLICATION**

This form is available at [www.lctcs.edu/WorkReadyU](http://www.lctcs.edu/WorkReadyU) and may be completed and printed from the website.

Instructions: Application must be typed or printed legibly. A complete application in the following order includes:

1. Application Form including WorkReady U Supervisor’s signature; and (2) Student Statement.

**Section 1 – to be completed by applicant**

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| Applicant Name:  (exactly as it appears on State/Government issued ID) | | | | | **TYPE OF TEST NEEDED:**  **🞎 Paper Based Test**  **🞎 Computer Based Test**  **🞎 At - Home Test** |
| Address: | | | | | |
| City: | | State: LA | | Zip Code: | |
| Parish: | | Date of Birth: | | | |
| Telephone Number: | | Alternate Telephone Number: | | | |
| Email Address: | | ETS ID Number: | | | |
| **By signing below, I hereby grant permission for the following (initial by each):**  \_\_\_\_\_\_\_\_ WRU personnel to release any information necessary to process my application to the Louisiana HSE Scholarship  Program.  \_\_\_\_\_\_\_\_ I confirm the information provided in my application is to the best of my knowledge, complete, and accurate, and I  understand that false statements on this application will disqualify me from the scholarship.  \_\_\_\_\_\_\_\_ I understand the Louisiana HSE Scholarship eligibility criteria, application requirements and responsibilities.  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Signature of Applicant Date** | | | | | |
| **Section 2 – to be completed by WRU Supervisor** | | | | | |
| Name of the WRU Program currently attending: | | | | | |
| Address: | | | | | |
| City | State: LA | | Zip Code: | | |
| Date of WRU Enrollment: | Name of Pre-Test:  Date of Pre-Test:  Pre-Test Score: Form \_\_\_\_ Level\_\_\_\_\_  R\_\_\_\_\_\_ L \_\_\_\_\_\_\_ M\_\_\_\_\_\_ | | Name of Post-Test:  Date of Post-Test:  Post Test Score: Form \_\_\_\_\_ Level \_\_\_\_\_  R \_\_\_\_\_\_ L\_\_\_\_\_\_\_ M\_\_\_\_\_\_\_ | | |
| Number of Instructional Hours Attended: | Date OPT Completed: | | OPT Scores indicate *Prepared* or *Well-Prepared* for all 3 of 5 subtests:  □ Yes □ No | | |

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| **WorkReady U Program Official Use** |
| By signing below, I hereby certify that the applicant is currently enrolled in the WRU program, has demonstrated a financial need, and the educational information reported above is accurate and can be verified in the WRU Student Information System.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of WRU Director Date |