## **Class B Commercial Driver License Scholarship Application**

**Sponsored by Monroe County Industrial Development Corp.** 

in partnership with:

## **Monroe County & Monroe 2 BOCES Center for Workforce Development**

## **Applicant must be a resident of Monroe County**

Name	ame Today's Date					
Home Phone	Cell Phone					
Address	City		State	Zip		
Email	Date of Birth					
Education Background						
Do you currently have a high school diploma or HSE? YES NO						
Highest Grade completed in the US Years of Schooling in Other Countries						
Program Specific Credentials						
Do you have a valid Class B Permit	? YES	NO	If YES, attach a copy to this application			
Do you have current DOT Physical	? YES	NO	If YES, attach a copy to this application			
Do you have a valid Class D License	e YES	NO	If YES, attach a copy to this application			
Employment History: Are you currently employed YES NO						
Employer	Position		Dates of Employment			
				•		









Please list any prior community service you have pe who supervised the community service.	erformed and the contact information of the individual				
Identify and describe TWO potential challenge you will manage those challenges. (Examples: t	s you might face in attending this program and how cransportation, childcare, work schedule, etc.)				
Challenges	Solutions				
Have you ever been convicted of a crime? YES NO	If yes, Misdemeanor Felony				
If yes, explain the nature of conviction:	Date of conviction:				
I understand that I may be subject to a criminal backgro	und check (Please Initial)				
References					
Please provide the contact information of <b>two</b> indiva career training program.	riduals who can attest to your commitment to succeed in				
Name	Phone				
Email					
Relationship	Years Known				
Name	Phone				
Email					
Relationship	Years Known				



**Community Service** 







## Monroe County/Monroe 2 BOCES CWD Class B Commercial Drivers License Scholarship Program Application Essay

Write an essay to describe at least **TWO** reasons why you are interested in the Adult Career Education Scholarship program and how each reason will help you achieve your goals. Be sure to include an introduction, body, and conclusion. If more paper is needed please attach to the back of the application.

(See last page)









The information contained in this application is true and correct and I am aware that any material misrepresentation made in this application constitutes an act of fraud, resulting in termination of participation of the scholarship program.							
CLIENT SIGNATURE			DATE				
FOR OFFICE USE ONLY							
( ) Awarded ( ) Not Awarded	Interviewer		Date				

BOCES does not discriminate on the basis of age, sex, race, religion, color, national origin, disability, creed, marital status, veteran status, military status, sexual orientation, prior criminal offense, domestic violence victim status, gender identity, gender expression, or genetic status in its programs or activities and provides equal access to the Boy Scouts of America and other designated youth groups. The following person has been designated to handle complaints/inquiries regarding the BOCES' non-discrimination policies: Director of Human Resources, 3599 Big Ridge Road, Spencerport, New York 14559, 585-352-2420, and is also the Title VII and Title IX Officer. For further information on notice of non-discrimination, visit http://wdcrobcolp01.ed.gov/CFAPPS/OCR/contactus.cfm for the address and phone number of the office that serves your area, or call 1-800-421-3481. Please note that those wishing to file a complaint may also do so through the Department of Education's Office for Civil Rights at

https://www2.ed.gov/about/offices/list/ocr/complaintprocess.html. See also New York State Executive Law 296.







