



Sponsorship Form

All Fields must be complete for submission. Use black or blue ink. Do not leave any blanks. If question is not applicable to you please write N/A. For questions call the Capital IDEA office at 512-457-8610.

| | | | |
|----------------------|------------------|-------------|--------------|
| Last Name | | | |
| First Name | | | |
| Middle Name | | | |
| Date of Birth | ____/____/____ | Age: | DATE: |
| Gender | Male Female | | |

Declaration of Citizenship or Permanent Resident Status

Check only one box below: Due to new funding regulations, all applicants as of August 2009, must be able to prove U.S. Citizenship or Permanent Resident status. Please check the box next to the document you will be submitting. Please note where original documents may be required. Originals will be returned to you before you leave.

| U.S. Citizen | Permanent Resident |
|---|---|
| U.S. Birth Certificate U.S. Passport Certification of Citizenship (form N-560 or N-561) <i>Do NOT photo copy. Bring original.</i> Certification of Naturalization (INS Form N-550 or N570) <i>Do NOT photo copy. Bring original.</i> | Permanent Resident Card or Alien Registration Card with Photograph (INS Form I-151 or I-551) |

THIS BOX FOR OFFICE USE ONLY

Copies of the above checked documents are being accepted as proof of eligibility based on citizenship or permanent resident status.

-or-

Proof of Certification of Naturalization: Transcribe the number located on the top right hand corner of the certificate. It should be in red ink, beginning with the hyphenated word No. Accept only original documents.

No.

Initials of staff member accepting documentation: _____

Read & Sign

I, the undersigned applicant, am submitting the documentation checked above as proof of my citizenship or permanent resident status. I understand that the above checked documentation, if misrepresented, falsified, or incomplete, may be grounds for immediate removal from the program.

Further, I verify that all information provided in this application is true and complete; and I understand that any falsification or omission may result in my application being denied by Capital IDEA. I also understand that all photocopies of documents turned in to Capital IDEA to accompany my application become the property of Capital IDEA and will not be returned. *[Capital IDEA does not require or keep any original documentation]*

Signature

Date

Employment History

Please list the last three jobs you have held starting with current or most recent job. Use the reverse side of this page if you have additional employment information you want to have considered.

| Past or Current Employment - if you have not worked in many years please list the last job you held and explain the gap in employment on the reverse side of this page. (*required) | | | |
|--|---|---|---|
| | Job 1 <i>Current or most recent</i> | Job 2 <i>Previous</i> | Job 3 <i>Previous</i> |
| *Start Date | | | |
| *End Date | | | |
| *Company Name | | | |
| Company Address | | | |
| *Company City | | | |
| Company State | | | |
| Zip Code | | | |
| Company Telephone Number | | | |
| Supervisor Name | | | |
| *Job Title | | | |
| Job Duties | | | |
| Does this job have benefits? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| *Hourly Wage | | | |
| *Average Weekly Hours | | | |
| Is this an Internship? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Status | <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time | <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time | <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time |
| *Reason for leaving or termination | | | |

| General Education or Higher - starting with the high school you graduated from, list your education experience to present. | | |
|---|------------------------------------|--|
| Attended (year – year) | Name of School, City, State | Did you Graduate? |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Interests/Hobbies

The space provided below is for you to explain any part of your employment history that you feel needs to have an explanation, or to provide additional employment history/education information.

Income and Assistance

If you have questions please call Capital IDEA: 512-457-8610

Capital IDEA applicants must provide documentation of income

Please submit photocopies of documents, *not* originals.**Please fill in a zero if no one in the household has that type of income. *Do not leave any blanks.*****Failure to bring in documentation for your income will delay your application process.**

| A. Income (monthly) | Amount | Required Documentation (<i>photocopies</i>) |
|---|---------------|---|
| 1. Wages from a Job (self) | \$ | Pay check stubs for the month (<i>no more than 2 months old</i>) - or- Letter from employer stating pay rate per hour and number of hours worked per week. |
| 2. Wages from a Job (spouse) | \$ | |
| 3. Retirement | \$ | Letter or Direct Deposit Statement |
| 4. SSI | \$ | Benefits Letter, Check Stub or Auto Deposit Record |
| 5. Workman's Comp. | \$ | Benefits Letter, or Check Stub |
| 6. Disability | \$ | Benefits Letter, or Check Stub |
| 7. Your Tax return (amount returned or owed) | \$ | Copy of filed Taxes – usually Form 1040 (2 pages) or 1040EZ (1 page). <i>If you've lost your taxes, you can get a transcript of your taxes from the IRS by calling (800)–829–1040. Transcripts will be mailed directly to you. Allow 2-3 weeks for delivery.</i> |
| 8. Spouse's, if filed separately | \$ | |
| 9. Relatives Tax return, or others living in the household | \$ | |
| B. Assistance (monthly) | Amount | Required Documentation (<i>photocopies</i>) |
| 1. Refugee Assistance | \$ | Benefits Letter, or check stub |
| 2. Housing Assistance | \$ | Benefits Letter from Housing Authority |
| 3. Utilities Assistance | \$ | Benefits Letter, or check stub |
| 4. AFDC/TANF (total for household) | \$ | Benefits Letter or TANF Summary |
| 5. Food Stamps (total for household) | \$ | Benefits Letter or Food Stamp Summary |
| 6. Child Support (received) | \$ | Letter, Court Order, or Direct Deposit Statement |
| 7. Unemployment Benefits | \$ | Benefits Letter, or Check Stub |
| 8. Medicaid or Medicare (<i>circle</i>) | Y / N | Monthly Benefits Letter or Medicaid Summary |
| 9. WIC (<i>circle</i>) | Y / N | Letter, Card or Vouchers |
| 10. Assistance from Family or Friends. Please list names of individuals you will be requesting letters from. | | Letters: Please provide letter(s) from relatives or friends living with you, supporting you, or helping you out with your expenses. The letter must list the type of assistance they give you (i.e. room and board, loan of car, bills paid for you or split with you, or any other regular assistance they give you.) The letter must state their relationship to you, have their signature, and their contact information. |
| C. Financial Aid | Amount | Required Documentation (<i>photocopies</i>) |
| 1. Scholarships | \$ | Award Letter (only for money received in the current school term) |
| 2. PELL, SEOG, TPEG Grants | \$ | Award Letter (only for money received in the current school term) |
| 3. Educational Loans | \$ | Loan Agreement (only for money received in the current school term) |

Expenses

If you have questions please call Capital IDEA: 512-457-8610

Fill in the expenses for your household. **Bring photocopies** of your documents ready to turn in. Cross out any account numbers on the copies of the bills you provide us. **Do not leave any blanks.** Fill in zeros if necessary.

What if...

- I share expenses with a roommate: If you share or split expenses with a platonic, non-relative roommate, please bring the bills (*even if they are not in your name*) and indicate below how much you are responsible for paying each month.
- I don't pay the bill: If a friend or relative is paying a specific bill for you (cell phone, car insurance, etc.) fill in the amount paid on your behalf and request a letter from the person stating that they pay the bill for you.

| D. Lodging | Paid To | Amount | Required Documentation (photocopies) |
|--|-----------------------|----------------------------|---|
| 1. Rent/Mortgage or Property Taxes | - | \$ | Lease, Mortgage Statement, and/or Property Taxes (if home is completely paid off) |
| E. Utilities | Paid To | Amount | Required Documentation (photocopies) |
| 1. Electricity | - | \$ | Current monthly bill |
| 2. Gas | - | \$ | Current monthly bill |
| 3. Telephone | - | \$ | Current monthly bill |
| 4. Water | - | \$ | Current monthly bill |
| F. Other Expenses | Paid To | Amount | Required Documentation (photocopies) |
| 1. Food (groceries, etc.) | | \$ | None |
| 2. Car Payment | - | \$ | Monthly statement or repayment schedule |
| 3. Gas, Oil, Car Repair | | \$ | None |
| 4. Car Insurance | - | \$ | Policy showing all covered drivers and payment schedule |
| 5. Child Care/School | - | \$ | Bill or letter from provider |
| 6. Medical (ongoing medical expenses such as medications, or large doctor or hospital bills, etc.) | | \$ | Current monthly bill or repayment plan |
| 7. Credit Card(s) or Loans | - - - - - | \$ \$ \$ \$ \$ | Credit Card Statements or Loan agreement showing repayment schedule |
| 8. Clothing/Shoes (Estimate average per month) | | \$ | None |
| 9. Cell Phone | - | \$ | Current monthly bill (or monthly estimate for prepaid phones) |
| 10. Cable/Satellite TV or Internet | - | \$ | Current monthly bill |
| 11. Tuition, Books, Lab Fees | | \$ | Bill for tuition, estimate for other expenses |
| 12. Misc. Expenses (list separately) | | \$ \$ \$ \$ | Current monthly bill(s) or letter(s) from providers, if applicable |
| 13. Child Support (If You Pay to Someone Else) | | \$ | Court order, or withholdings on pay stub |
| 14. Payroll Deductions (if applicable) | | \$ | (410(k), Insurance, etc.) shown on paycheck stub |



CAREER WORKSHEET

Name: _____

Date: _____

Show us how much you know about your career and how excited you are to start working towards it. If you use additional paper, be sure to put your name at the top of each page.

*Please note: **Once accepted into the Capital IDEA program, changing your career choice requires approval.** Participants must notify their assigned Career Counselor of career training changes. This notification needs to be in writing and will require Capital IDEA approval.*

1. Which career are you applying to be sponsored in? _____

2. Why are you interested in this career (please give as many reasons as you can)? _____

3. List at least *four* specific job duties that employees in this field perform.

- _____
- _____
- _____
- _____

4. Please describe the working conditions for your career (will you be working inside or outside, days or nights, sitting or on your feet, working with people or alone, etc.)? _____

Will any of the conditions you listed challenge you, why? _____

5. What is the pay range for someone *entering* this field? _____

6. List (3) specific employers that hire individuals in your career of choice? (hint: if you don't know any, try looking up the career in the phone book)

- _____
- _____
- _____

Your College Degree Plan

Most students will attend Austin Community College (ACC) – time to visit their website: www.austincc.edu.

If your program is not offered at ACC, find out which school is approved by Capital IDEA for training in that field. Answer the below questions based on the information available on that school's program.

7. What degree or certification level will you need to complete to enter your chosen career field?

8. List 3 pre-requisite classes you will have to take for your degree:

- _____
- _____
- _____

9. List 3 additional classes, specific to your degree, that you will have to take:

- _____
- _____
- _____

10. Does your degree plan have a required Orientation or Information Session? D YES DNO

If yes, when is the next one?: _____

11. Who is the Department Chairperson?: _____

12. Required for Applicants with Criminal Backgrounds. There are strict guidelines in some careers that require licensing – including most healthcare careers and trades. Persons with criminal backgrounds must research their career choice with the appropriate licensing agency and submit proof that they would be allowed to practice in their chosen career. Contact the appropriate licensing agency to find out if you are eligible to work in your chosen career field. You may need to submit a letter or an application to one of the agencies below as part of the process.

Having a criminal record will not disqualify you from Capital IDEA but may limit your career choices. Only the Licensing Board can tell you if you will be allowed to work in your chosen career.

| | |
|--|---|
| <p>Texas Department of Licensing and Regulation (TDLR) Telephone: (512) 463-6599 Toll-Free (in Texas): 800-803-9202 http://www.license.state.tx.us/index.htm (Look for the drop down menu to select your chosen career).</p> | <p>Board of Nurse Examiners (512) 305-7400 http://www.bon.state.tx.us</p> |
|--|---|



Applicant's Household Income Verification (for spouse/significant other/ or children only)

Capital IDEA requires that you provide the most recent proof of income. If you are submitting paycheck stubs, we require 1 if you are paid monthly, 2 if paid twice a month or every other week, 4 if you are paid weekly.

Applicant's Name: _____ Does applicant have a source of income? Y N

What is the Applicant's source of income?

Please list the Applicant's gross income received during your last pay period?

Does this amount include overtime? Y N
How often does the applicant get paid? Weekly Every Other Week Monthly Twice Monthly

Household Member's Name: _____ Does Household Member have a source of income

Y N What is the Household Member's source of income?

Please list the Household Member's gross income received during their last pay period?

Does this amount include overtime? Y N
How often do they get paid? Weekly Every Other Week Monthly Twice Monthly

Household Member's Name: _____ Does Household Member have a source of income?

Y N What is the Household Member's source of income?

Please list the Household Member's gross income received during their last pay period?

Does this amount include overtime? Y N
How often do they get paid? Weekly Every Other Week Monthly Twice Monthly

Signature of Applicant

Date

Applicant Household Information

Please provide a list of all members of your immediate household (as in yourself, spouse and children or legal dependents **ONLY** no sisters, mothers, brothers, aunts etc.)

| MEMBER | DOB | AGE | SSN (attach copy) | Relationship |
|------------|-----|-----|-------------------|--------------|
| 1. | | | | Self |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |
| 6. | | | | |
| 7. | | | | |
| 8. | | | | |
| 9. | | | | |
| 10. | | | | |

Signature:

Date:
