



Instructions: Program Application and Initial Assessment

We recommend using this document as a guide to complete the Denver Workforce Development [Program Application and Initial Assessment](#). Incomplete information and/or fields may disqualify your entire scholarship application.

The University of Denver (DU) will not ask for supporting documentation for information collected on this application and assessment, other than proof of Denver residency/employment and age, as required for funding. See [Proof of Residency/Employment and Age Requirements](#) for more information.

Page 1

PARTICIPANT INFORMATION: All fields must be completed, as applicable

EMPLOYMENT / FINANCIAL SUPPORT: All fields must be completed

Note: To qualify for this scholarship funding, an applicant must be currently employed and have an established employment history in an industry or occupational group for a minimum of six (6) months. See [Eligibility Requirements](#).

Page 2

ADDITIONAL INFORMATION: All fields must be completed

Note: There are not specific restrictions or requirements for household income or education. Income may be used as a factor in determining eligibility in the *Grant Specific Statements of Impact* section of the application (page 3).

AREAS of INTEREST, REQUESTED SERVICES, POTENTIAL CHALLENGES / BARRIERS TO EMPLOYMENT

- Mark all that apply in each section; **Note: You must select "classroom training" under requested services.**
- Answers in these sections do not impact scholarship eligibility.
- These sections are required by Denver Workforce Development and may not directly align to program areas or support services provided by DU. Information may be used to support referral to additional services.

Page 3

GRANT-SPECIFIC STATEMENTS OF IMPACT: To be eligible for this scholarship you must attest to experiencing an economic loss due to the COVID-19 pandemic. This is a broad question with many possible levels of impact. For detailed information beyond the examples listed, review the [COVID-19 Impact Eligibility document](#).

You are required to describe the economic loss you experienced. Please use the "Other" field for this description. Please include at least 2-5 sentences describing the impact of your economic loss.

FOLLOW-UP / EMERGENCY CONTACT: This is optional.

DUPLICATION OF BENEFITS QUESTIONNAIRE: Completion of this section is required - all applicable checkboxes must be marked. Please select the appropriate response for your situation. If you receive(d) funding from other organizations or programs for any purpose, you are **required** to complete Page 4 of the application (Duplication of Benefits Check).

Page 4

DUPLICATION OF BENEFITS CHECK

This document is meant to ensure that scholarship applicants will not be receiving duplicate funding from various workforce funding sources.

If you check “**I affirm I DID/WILL receive funding from other organizations or programs**” on Page 3, you are required to complete all relevant fields in this section. If it is determined that receipt of this scholarship would be duplicative of funding that you receive(d), you may not qualify.

This document notes that an applicant should complete this with staff. **Applicants should complete this document on their own.** Please reach out to us at cpd@du.edu with the subject line: Scholarship Application Question if you are unsure how to proceed.

Page 5

APPLICANT’S CERTIFICATION OF ACCURACY: Read, print, sign, and date

Important: For your Signature - Please use an Adobe "Digital ID" or the "e-sign: draw" feature to sign this document. You may also print, sign, and scan the signature page, if needed. **A typed name within a signature line will NOT be accepted as an electronic signature.**

Do not complete the fields in the section noting “For Office Use Only”