

2020-2021



1000 Mississippi Street
Morgantown, WV 26501

Phone: 304-291-9240
Fax: 304-291-9247

ADULT TECHNICAL PROGRAM APPLICATION

Mission Statement: Making a commitment to life-long learning through career and technical education

Core Beliefs

- Every student is given the opportunity to be successful
- Performance-based learning is the foundation for education
- Learning is rigorous, relevant, diverse and promotes positive relationships

Technical Program(s) of Interest: _____

PERSONAL INFORMATION

Name: Last _____ First _____ Middle _____

Maiden name or former name _____

Social Security #: _____ **US Citizen:** Yes ___ No ___

Date of Birth: Month _____ Day _____ Year _____ **Birth Place:** _____

Mailing Address: Street _____

City _____ **State** _____ **ZIP Code** _____

Home Phone: _____ **Work Phone:** _____

Cell Phone: _____ **E-mail:** _____

Do you have a high school diploma or a West Virginia-recognized equivalency diploma? Yes ___ No ___

Proof of graduation/high school equivalency will be required for enrollment.

Have you been convicted of a felony? Yes ___ No ___

If yes, please explain: _____

ADULT TECHNICAL PROGRAM APPLICATION (continued on reverse)

What is your ethnic group? (Optional: Federal Government for statistical reporting purposes only)

____ American Indian/Alaska Native

____ Black or African American

____ Two of More Races

____ Caucasian/White

____ Hispanic/Latino

____ Asian

____ Native Hawaiian/Other Pacific Islander

____ Nonresident Alien

Will you live: _____ Off-Campus with Parents

_____ Off-Campus not with Parents

How did you learn about MTEC? TV____ Newspaper____ Family/friends____ Other____

Have you previously attended the Monongalia County Technical Education Center? Yes ___ No ___

If yes, what year? _____ High School? ___ Adult?___ If yes, what program? _____

Have you previously attended a post-secondary (college/technical) school? Yes ___ No ___

If yes, provide name(s) of school(s) _____

EMERGENCY INFORMATION

Parent/Guardian/Spouse: _____ Phone: _____

Mailing Address: Street _____

City _____ State _____ ZIP Code _____

Required test: **TABE (Test of Adult Basic Education)**; Call 304-291-9226 to schedule the TABE. Applicants are interviewed by the instructor. After acceptance, students will be required to submit \$50 seat fee, evidence of high school diploma/transcript (equivalency diploma) and fingerprint/background check prior to the start of a technical program. Through the Monongalia County Schools Simulated Workplace Policy Section 9-34, students will be screened for illegal drug use as described in West Virginia Code 60A-1-101 and policy 9-20 (Alcohol and Controlled Substance Abuse).

If admitted to MTEC, I agree to abide by the rules and regulations of the school.

I have read this application and certify that the statements contained herein are correct. I also assume responsibility for any financial obligations incurred including the \$50.00 seat fee.

Applicant Signature _____ Date _____

Monongalia County Schools operates as an equal opportunity institution and will not discriminate on the basis of race, national origin, religion, gender, marital or family status, age, or disabling condition in its activities, programs or employment practices as required in Title IX of the Educational Amendments of 1972, Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act (ADA) of 1990. For information about your rights or grievance procedures, call 304-291-9210 for assistance.

Return application to: Lezlie J. Lough, Financial Aid Advisor/Counselor, MTEC; 304-291-9240, ext. 2723
Upon acceptance, submit proof of high school diploma or transcript (or equivalency diploma/transcript) and \$50.00 seat fee. Complete the background check in order to meet the deadline prior to the start of school.

RETAIN THIS PAGE FOR YOUR RECORDS/FOLLOW INSTRUCTIONS BELOW

Mandatory Criminal Background Check—must be received prior to August 7, 2020

Upon acceptance in a technical program, applicant will be responsible for the background check as instructed below:

- The student will be responsible for all costs associated with the background check. (approximate cost is \$35.00)
- Background checks are performed by MorphoTrust USA.
- MorphoTrust USA is located at PACE Enterprises (next to Mylan Park Elementary) 889 Mylan Park Lane, Morgantown, WV 26501.
- Applicants will need to request a WV Employers Record Check.
- Appointments can be made online at www.identogo.com or by calling 1-855-766-7746. Please following instructions carefully.
- When you arrive at PACE Enterprises for your scheduled appointment, you will need to have an unexpired photo ID.
- Criminal background check results can take 4 to 6 weeks to process. These results must be received by MTEC prior to **August 7, 2020**.
- Out-of-state residents must have criminal background checks performed in their home state at any local, county or state police department.
- Results must be received at MTEC, not your home address (see address below).

Online application: www.identogo.com

[This may appear different depending on your access through a phone, laptop or desktop](#)

- On the main page, “Search for services by state” and select West Virginia **GO**
- Scroll down to “Digital Fingerprinting” and click on fingerprint in blue circle
- “Enter your Service Code to get started”: **228QQN (this is Employer Record Check--WV)**
- “Schedule or Manage Appointment” (select at top)
- Enter information on following pages and select “Next”
- Complete information/Ensure all * areas are completed—the following information will be required in order to send your background check to MTEC

Employer Name: MTEC

Occupation: example: HVAC Tech (or another program)

Employer Address: Line 1: 1000 Mississippi Street/Employer

City: Morgantown/Employer ZIP: 26501

Select citizenship status: No or Yes

Please complete this process in a timely manner to allow for weeks to be processed. Thank you.

Must be received by MTEC prior to **August 7, 2020**

Please retain this page of the application for your records

Return application: Lezlie J. Lough, Financial Aid Advisor/Counselor, MTEC; 304-291-9240, ext. 2723

As a reminder, Required test: **TABE (Test of Adult Basic Education)**; Call 304-291-9226 to schedule the TABE. Applicants are interviewed by the instructor. After acceptance, students will be required to **submit \$50 seat fee, evidence of high school diploma/transcript (equivalency diploma) and fingerprint/background check** prior to the start of a technical program. Through the Monongalia County Schools Simulated Workplace Policy Section 9-34, students will be screened for illegal drug use as described in West Virginia Code 60A-1-101 and policy 9-20 (Alcohol and Controlled Substance Abuse).

For information about your rights or grievance procedures, contact the Monongalia County Schools Superintendent's Office, 12 S. High Street, Morgantown, WV 26501, (304) 291-9210. Grievances may also be directed to the Council on Occupational Education at 7840 Roswell Road, Building 300, Suite 325, Atlanta GA 30350, 1-800-917-2081; 1-770-396-3898; Council.org

WELCOME to MTEC Financial Aid **the school that does not offer debt as we do not process loans**

In order to be eligible for financial aid at MTEC, please do the following:

- **please adhere to the MTEC May 15 FAFSA application deadline**
- prior to completing the FAFSA, student (and parent, if applicable) apply for FSA ID @ <https://fsaid.ed.gov/npas/index.htm>; this is your electronic signature (also indirectly at fafsa.gov)
- complete FAFSA (FREE Application for Federal Student Aid @ www.fafsa.gov by **May 15** (NOT www.fafsa.com--this website will charge a fee upon completion)
- dependency status is explained @ <https://studentaid.ed.gov/sa/fafsa/filling-out/dependency>
- the Federal Student Aid code for MTEC is **012904**
- respond "**Certificate or Diploma of Less than 2 Years**" (not Associate Degree)
- please attempt to transfer **2018 taxes** using the **IRS data retrieval tool** for yourself and parents (if applicable) (most students are selected for verification of tax information—please transfer taxes)
- questions regarding the FAFSA, call 1-800-4-FED-AID (1-800-433-3243)

(The IRS data retrieval tool enables the student and parent to transfer accurate information from the IRS. It's quick and easy in most cases.) FAFSAs are randomly selected for verification by Federal Student Aid--**please utilize the IRS data retrieval tool to transfer taxes to the FAFSA**. If unable to do so, and selected for verification, request a tax return transcript as required @ www.irs.gov.

Upon submission of the FAFSA, the applicant will receive a submission confirmation and an email to confirm processing. The email should indicate whether the student is eligible for a Pell Grant; **if loan information is given, please disregard as loans are not disbursed by MTEC**. Please read this email carefully as more information may be required of you to determine eligibility.

If no aid amounts are provided, you may not be eligible for the Pell Grant or the application may be incomplete (possibly no signatures provided through FSA ID). **Students who have earned a Bachelor Degree OR are in DEFAULT on Title IV loans are not eligible for Pell Grants**.

Practical Nurse applicants are processed first, with Surg Tech, Pre-LPN/Medical Assistant, Dental Assistant, Pharmacy Tech and HVAC to follow.

*****See reverse side for more important financial aid funding information*****

Financial Aid at MTEC (Continued)

Only tuition is deducted from the Pell Grant. The remaining funds are disbursed to the student in December and May. Students are responsible for fees, textbooks, uniforms, etc.

The Financial Aid Advisor will contact you to finalize documents. Confirm that an accurate email address is on the FAFSA for Federal Student Aid and/or MTEC to contact you.

Professional Judgment for Special Circumstances--If FAFSA has determined that you are not eligible for a Pell Grant and your family has experienced significant changes to your financial situation (such as loss of employment) or other unusual circumstances (such as high unreimbursed medical expenses), please consult with the financial aid advisor at MTEC at 304-291-9240, ext. 2723.

Other sources of financial aid:

To be considered for the **Workforce Innovation and Opportunity Act (WIOA)**, contact:
(304) 285-3120 Workforce WV, Morgantown, WV
(304) 363-0654 Workforce WV, Fairmont, WV
(304) 627-2125 Workforce WV, Clarksburg, WV
(724) 229-1350 Southwest Training Services, Washington, PA

WIOA funding is limited and based on eligibility as a “dislocated” employee or “adult funding” for low income (as determined by WIOA). It is highly recommended that students apply for consideration of this funding. WIOA requires that you complete the FAFSA but do not have to be eligible for the Pell Grant to qualify for WIOA. This is a process that may lead to great financial benefits for a student.

These funds typically cover all expenses beyond tuition (if Pell eligible). This would include fees that are not covered by the Pell Grant. Only tuition is deducted from the Pell Grant. (students receive a budget when enrolled). If eligible, these expenses are reimbursed through WIOA funds. In most cases, if a student is not Pell eligible, WIOA funds will cover tuition as well.

******VERY IMPORTANT******

Two Region VI West Virginia WIOA referral forms are attached to this application. Please complete the top section and sign as “participant” on both copies and return to MTEC with this application. One copy will be dated for the applicant to take to Workforce WV; the other form will be retained by MTEC to complete the referral process.

Additional sources:

Division of Rehabilitation Services (DRS) @ (304) 285-3155

Veterans benefits @ www.gibill.va.gov or 1-888-GIBILL-1 (1-888-442-4551)

Mon Health Foundation offers a Scholarship for Surgical Tech @ www.monhealthsys.org

MTEC financial aid links including scholarships @ <https://mtec.mono.k12.wv.us/18/Content2/866>

Best wishes as you pursue a career.

Affordable Education is Within your Reach!

REGION VI AMERICAN JOB CENTERS COMMON REFERRAL FORM FOR PARTNERS

Part A: Referring Agency

Date: _____ Client Name: _____

Address: _____ County: _____

Telephone: _____

Note this form expires 90 days from the date it is signed

Reason for Referral: _____

The client is being referred to Workforce to apply for the WIOA Program.

Agency Making the Referral: Monongalia Technical Education Center

Contact Name and Title: Hollie McIntyre-McGilton

Phone Number: 304-291-9226 Email: hmcgilto@k12.wv.us

Name and Address of Agency Referral is being made to: _____

Workforce 304 Scott Ave. Morgantown, WV 26508

By signing this Document, I understand and hereby give my consent to release information about me to WIOA Partner Staff that may have the ability to assist me with career and training services.

Participant Signature (or Legal Guardian, if applicable) _____ Date _____



Referring WIOA Partner Staff Signature _____ Date _____

*Referring agency, please scan and send to April Pierson at apierson@hrdfwv.org

TO BE COMPLETED BY RECEIVING AGENCY

Part B: Receiving Agency

_____ Customer served	_____ Services Refused	_____ Unable to Contact
_____ Failed to appear	_____ Other: _____	
Completed by: _____	Email: _____	Date: _____

Original - To participant

Copy - Placed in Participant's file

*Receiving Agency, please scan and return to April Pierson at apierson@hrdfwv.org

REGION VI AMERICAN JOB CENTERS

COMMON REFERRAL FORM FOR PARTNERS

Part A:

Referring Agency

Date: _____ Client Name: _____

Address: _____ County: _____

Telephone: _____

Note this form expires 90 days from the date it is signed

Reason for Referral: _____

The client is being referred to Workforce to apply for the WIOA Program.

Agency Making the Referral: Monongalia Technical Education Center

Contact Name and Title: Hollie McIntyre-McGilton

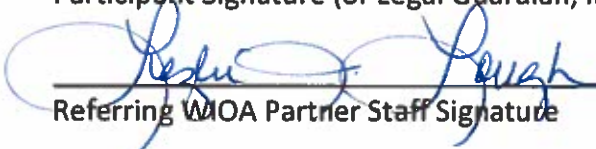
Phone Number: 304-291-9226 Email: hmcgilton@k12.wv.us

Name and Address of Agency Referral is being made to: _____

Workforce 304 Scott Ave. Morgantown, WV 26508

By signing this Document, I understand and hereby give my consent to release information about me to WIOA Partner Staff that may have the ability to assist me with career and training services.

Participant Signature (or Legal Guardian, if applicable) _____ Date _____



Referring WIOA Partner Staff Signature _____ Date _____

*Referring agency, please scan and send to April Pierson at apierson@hrdfwv.org

TO BE COMPLETED BY RECEIVING AGENCY

Part B: Receiving Agency

_____ Customer served	_____ Services Refused	_____ Unable to Contact
_____ Failed to appear	_____ Other: _____	
Completed by: _____	Email: _____	Date: _____

Original - To participant

Copy - Placed in Participant's file

*Receiving Agency, please scan and return to April Pierson at apierson@hrdfwv.org