



## Furthering Education Initiative Application

Employment Specialist:	Date completed:
Director of Services:	Region:

(4) Name of customer:	(3) Social Security #:
(6) City of residence:	(7) County of residence:
(8) Highest level of education completed:	
(9) Most recent/current GPA on 4.0 scale:	
(10) Degree/Certificate pursued (Associates, Bachelors, Certificate):	
(11) Course of study (Major):	(12) Student status (F/T or P/T):
(13) Attending in class, online, or both:	
(14) Name of school:	(15) City of school (City and State):
(16) Expected graduation date (MM/YYYY):	
(18) Number of FEI months remaining:	
(20) Is child care needed while participating in FEI:	
(21) Participating in Work Study (Y/N):	
(22) Comments regarding Work Study:	

<b><u>JOBS Participant Eligibility Criteria</u></b>	<b><u>Yes</u></b>	<b><u>No</u></b>	<b><u>Comments</u></b>
1. Does the customer have a previously earned degree or certificate? (other than a CNA) If yes, please indicate the state and the degree/certificate.			
2. Is the customer eligible and in compliance with all TANF requirements?			
3. Can the customer obtain their certificate or diploma within 24 months total? (plus the 12 months currently allowed in the JOBS program)			
4. Can the customer participate in an accredited institution in North Dakota?			
5. Can the customer maintain satisfactory progress in accordance with the requirements and maintain a 2.0 GPA on a 4.0 scale?			
6. Is the customer aware that if a sanction is imposed while on the Furthering Education Initiative that they will not be allowed back into the program?			
7. Does the customer agree to participate in a Work Study Program? If no, why not?			
8. Is the customer willing to move to a location where there is a job opening in their field of study?			
9. Is the customer pursuing a field of study that is based on Job Service of North Dakota top ten occupations in North Dakota?			
10. Is the customer currently enrolled? If so, which semester?			

(19) Is the Furthering Education Initiative plan approved: <input type="checkbox"/> Yes <input type="checkbox"/> No
Period of time approved (MM/YYYY - MM/YYYY):
If denied, reason for denial: