

MICHAEL'S WAY CANDIDATE PROCEDURES

Step 1 - Acquiring Candidates

- Most of the candidates who come to Michael's Way for financial assistance have attended Greenville Tech's *Quick Jobs Orientation*. This group meets the third Tuesday of the month at the Buck Michel Center under the direction of Steve Hand of Greenville Tech. Other candidates are referred to us by other local agencies or resources that we partner with.
- At the *Quick Jobs Orientation*, attendees are told if they are in need of financial assistance and have been denied by other resources, they are eligible to apply to Michael's Way. Those who are interested are given a Michael's Way packet.

Michael's Way Assistance Packet includes:

- 1) Eligibility for Funding Application***
- 2) Proof of Need for Financial Assistance Form***
- 3) Client Course Budget Form***

- In the case of a "walk-in" candidate and has not attended the *Quick Jobs Orientation*, the Greenville Tech receptionist gives him/her a Michael's Way packet and *Quick Jobs Open House* sheet.

Step 2 - Client Approval Procedures

- Education Committee Chair (or committee person) reviews the application
- Education Committee Chair (or committee person) calls the candidate and sets an interview appointment
- The findings of the interview(s) are presented to Michael's Way Board of Directors for approval or denial
- Education Committee sends the candidate an approval or denial letter (includes clear steps for the client to follow regarding registration, budget, text book or other vouchers in addition to an attendance form that must be signed by the instructor and mailed to us every 2 weeks throughout the duration of the course in addition to other steps to follow
- All outgoing monies covering tuition, books, supplies or immunizations is paid directly to the school or business and never passes through the client(s).

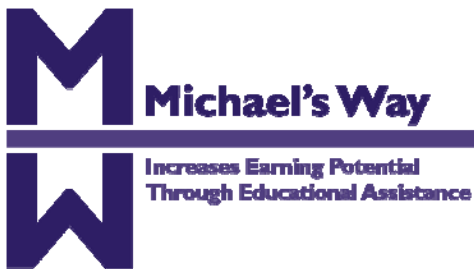
Step 3 - Tracking Procedures

Our client(s) are asked to keep us informed of the completion of their class and gaining employment. These records are maintained in our database (personal information is kept confidential.) Our Education Committee is involved with the client(s) from the beginning to the end and typically built relationships with each of them. We stay in contact with many of them because we are interested in their success through education.

Michael's Way is not limited to sending clients to Greenville Tech and will serve client(s) who choose other institutions.

Michael's Way helps adults break out poverty through education.

216 S. Pleasantburg Drive, Suite 273, Greenville SC 29607
P. O. Box 6543, Greenville SC 29606-6543
(864) 241-0972



Application for Funding Assistance

Please return:
Michael's Way, Inc.
P. O. Box 6543
Greenville, SC 29606-6543

Questions call:
(864) 241-0972

Name _____
Last First Middle Initial Maiden

Address _____ City _____ State _____ Zip _____

Phone Home (____) _____ Phone Cell (____) _____

Date of Birth _____ Age _____ Email: _____

Male Female Married Single

Ethnicity African American Asian/Pacific Islander Caucasian Native American
 Multi-racial Hispanic Unknown Other

Relative _____ Phone (____) _____
Name Address

Friend _____ Phone (____) _____
Name Address

What is your method of transportation? Drive Bus Walk Ride with someone Other _____

Do you have a High School Diploma? Yes No If not, do you have a GED? Yes No

Do you have a criminal record? Yes No

Answering yes, will not necessarily disqualify you. If yes, explain _____

Your Income: \$ 0 \$500 - \$10,999 \$12,000 - \$15,999 \$16,000 - \$20,999 \$21,000 Other \$ _____

Other Family Income (spouse or another member in household) \$ _____ annually.

Do you or does anyone in your household earn or receive any of the following? Check all that apply.

Food Stamps \$ _____ monthly Social Security \$ _____ monthly

Current Job Wages \$ _____ weekly Disability \$ _____ monthly

Unemployment Benefits \$ _____ weekly

Child Support \$ _____ monthly (for how many children) _____

Report any funds you receive from a family member or friend \$ _____ weekly or monthly

Where do you see yourself in 5 years as it relates to the course you wish to take. Use back if necessary.

After completing the course would you be willing to share your story with others? Yes No

How did you hear about Michael's Way? _____

Disclaimer:

I certify that my answers are true and complete to the best of my knowledge. If this application leads to financial assistance, I understand that false or misleading information in my application may result in the loss of financial assistance.

I hereby give my permission to film/tape/record me or my family to use my written work/likeness for promotional purposes and for feedback to Michael's Way donors without liability or payment. Furthermore, I hereby authorize Michael's Way to request and/or release information when it helps me to obtain additional services concerning my education or employment.

I hereby give my permission to Michael's Way to have the authority to request all information concerning my employment, financial affairs, DOT physical or drug results, medical history, other applications for assistance, family and personal relationships, and other such information as may be needed to carry out Michael's Way services. I give my permission to Michael's Way to have the authority to request and/or release information to any agency pertaining to participation in Michael's Way's program. I hereby authorize Michael's Way permission to obtain same information as listed above from the institution I will be taking the course. In doing so, I am giving the institution permission to release information to Michael's Way.

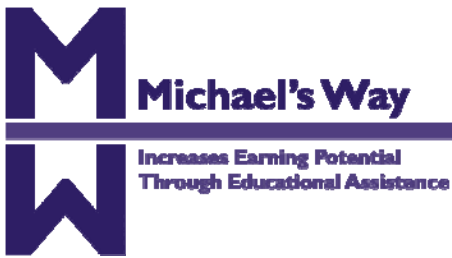
MUST BE SIGNED AND DATED:

Print: _____

Signature: _____ **Date:** _____

IF YOU HAVE A RESUME PLEASE INCLUDE IT WITH THIS APPLICATION.

TO BE CONSIDERED FOR FUNDING THE ATTACHED BUDGET FORM MUST BE COMPLETED.



Proof of Need for Financial Assistance

I, _____ am requesting financial assistance from Michael's Way in order to further my education.

The course I am interested in taking is _____
(Name of Course)

The course is being offered at: _____
(Name of School)

Course date _____

- I am currently working full-time as a _____
- I am working part-time as a _____
- Last position held (company name and position) _____
- I have lost my job due to _____
- Last month and year you worked _____
- I am receiving unemployment of \$ _____ weekly. Benefits will end on (date) _____
- I have \$0 income. _____
- I receive income \$ _____ monthly or weekly from _____

Please submit documentation of your entire household's income (anyone living in the same household) from all sources within the last 3 months. Examples: Unemployment, Family Independence (DSS), Veteran Benefits, Child Support, Social Security, temporary, part-time or full-time employment.

Acceptable documentation (Examples: W 2 Form, Federal Tax Return, paycheck stubs or an official letter from employer, court or agency.) If Child Support is not court ordered, please submit a document indicating who is paying the support and include the dollar amount received weekly or monthly.

I have applied for funding from the following:

1) **One-Stop Workforce Investment Act (WIA)** Yes No

Results were _____

2) **SHARE** Yes No

Results were _____

3) **United Ministries** Yes No

Results were _____

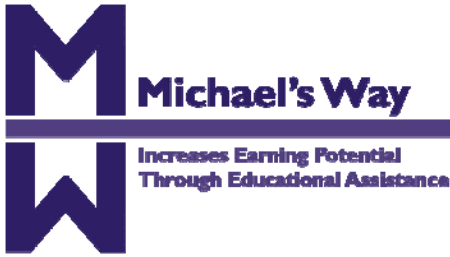
4) **SC Lottery Education Funding** Yes No

Results were _____

5) **Other (Name)** _____

Results were _____

Note: Answers to these questions will not necessarily qualify or disqualify you from receiving financial assistance.



Time and Attendance Verification Form

Participation in Michael's Way, Inc. training services requires completion of training attendance. The training instructor will verify time and attendance by marking the participant **P** (present) or **A** (absent) on each day of training and signing the **Instructor's Signature** column.

ALL SECTIONS OF THIS FORM MUST BE LEGIBLY COMPLETED, SIGNED AND MAILED TO MICHAEL'S WAY.

Student Name: _____

Training Provider: _____

			Week Ending Date:							
Start Time	End Time	Course Name	M	T	W	T	F	S	Weekly Total	Instructor's Signature
			Week Ending Date:							
Start Time	End Time	Course Name	M	T	W	T	F	S	Weekly Total	Instructor's Signature

At the End of Every Two (2) Weeks of Class - MAIL THIS FORM TO:

Michael's Way, Inc.
P. O. Box 6543
Greenville SC 29606-6543