



**APPLICATION FOR
EMPLOYMENT RETRAINING OPPORTUNITY**

Last Name _____ **First Name** _____ **MI** _____ **Social Security Number** _____

Address _____

City _____ **State** _____ **Zip Code** _____

Phone Number _____ **Email** _____

FORMER EMPLOYER INFORMATION

Company Name _____ **Date of Layoff** _____

Address of Company _____

Phone Number _____

I certify that I have been permanently or indefinitely laid off from a full-time position with the employer listed above on the date indicated and that it was through no fault of my own. Additionally, I have provided the appropriate documentation: a Notice of Financial Determination from Unemployment Compensation which indicates that I am currently collecting unemployment.

Should I become employed full time prior to the start date of the semester indicated, I will notify the Office of Workforce Development immediately. I understand this will make me ineligible for this program.

I realize that it would be in my best interest to apply for the traditional financial aid programs, so that I may be able to manage the monetary arrangements if I would decide to continue my studies. I understand that I would no longer be eligible for this program should I receive alternative tuition assistance prior to or after beginning the semester.

I understand that withholding information requested on this application or giving false information may make me ineligible for admission to Luzerne County Community College or subject to dismissal. I certify that the above statements are correct and complete. I agree to abide by the rules and regulations of Luzerne County Community College.

Signature of Student

Date