



**NEW DIRECTIONS PROGRAM**

New Directions is a program that assists single parents, single pregnant women, spouse of incarcerated individuals, and displaced homemakers to attain self-sufficiency. Participants assess their skills and interests, evaluate educational options available in Central Florida, and receive assistance in their educational/career plan.

Students, who meet the eligibility criteria and need additional or any other services such as career counseling, advising, short term training, job placement, interviewing techniques, financial literacy, and community resources information, should complete and submit the form, and schedule an appointment with the New Directions Program located at the Career Center in the Office LC109 on the Leesburg Campus.

Please complete the following information for consideration. Completion of this information allows you to be considered for the New Directions Program at LSCC. New Directions participants should apply well in advance of the term in which they plan to enroll. Single Parent/Single Pregnant Woman should submit the form before the due dates established by the program. Submitting the form does not guarantee awarding of funds.

Student XID..... Social Security number\* .....

Birth Date (Mo / Day / Yr) ..... Age: 35-44  45-54  55-64  65+

Financial Aid recipient  Yes  No Native language? .....

Marital status:  Single  Married  Divorced  Widow  Separated

Dependents:  Yes  No

Amount of dependents: \_\_\_\_

Ages: \_\_\_\_ \_

\*Federal legislation relating to the Hope Tax Credit (Federal Register, June 16, 2000) requires that all postsecondary institutions report student SSN's to the Internal Revenue Service. This IRS requirement makes it necessary for community colleges to collect the SSN of every student. A student may refuse to disclose his or her SSN to the college, but the IRS is then authorized to fine the student in the amount of \$50. All SSN's are protected by federal regulations (FERPA) and are never released to unauthorized parties.

Disclosure of your social security number is voluntary. It is requested however pursuant to Florida Statute 119.017 (5)(a)(2). Social security numbers are used by the Agency of Workforce Innovation Displaced Homemaker Program for tracking program participation, collection of post-program wage and advanced educational achievement data for measuring program success.

Last Name..... First Name.....

Address.....

City .....Zip Code .....

Phone number..... Cell phone number.....

E-mail.....

Emergency Contact Information.....

**PLEASE CHECK APPROPRIATE BOXES:**

Participant must provide information about whether or not they meet the New Directions eligibility requirements for the Displaced homemaker, Single Parent/Single Pregnant women/Project.

**Eligibility Criteria: (Documentation will be required)**

1. Displaced Homemaker (Please mark the box/es that pertains to you :)  
Florida Statue 446.50
- A.  35 years of age or older; **and**
  - B.  Has worked in the home, providing unpaid household services for family members; **and**
  - C.  Is not adequately employed (**not earning self-sufficient wage \***), **and**
  - D.  Has had, or would have, difficulty in securing adequate employment; **and**
  - E.  Has been dependent on the income of another family member, but is no longer supported by such income; or has been dependent on federal assistance

**Eligibility Criteria: (Documentation will be required)**

2. Single Parent/Single Pregnant Woman (Please mark the box/es that pertain to you :)
- A.  Lake County resident
  - B.  Low income need/Pell eligible
  - C.  Enrolled at least in six hours courses
  - D.  Degree seeking student
  - E.  Evidence of Good Academic Standard at least 2.0 GPA Average
  - F.  Spouse of incarcerated individual

**\*Local Self-Sufficiency Policy (Documentation will be required)**

revised Sept 2007

3. Income Eligibility Criteria:
- A. Annual Income (Earned): \_\_\_\_\_  
Amount per hour \_\_\_\_\_ Hours per week \_\_\_\_\_
  - B. Are you currently receiving Cash Welfare Benefits/SSI or living in a household receiving Food Stamps (within the last 6 months)?
    - TANF (Temporary Aid to Needy Families)
    - Food Stamps
    - Medicaid
    - SSI (Individual)
  - C. Are you an Older Worker, 55 years of age or older and seeking employment?
    - Yes
    - No
  - D. Are you currently homeless? Homeless is defined as an Individual who lacks a fixed, regular adequate nighttime residence; and any individual who has a primary nighttime residence that is a public or private operated shelter for temporary accommodations; and institution providing temporary residence for individuals intended to be institutionalized, or a public or private place not designated for or ordinarily used as a regular sleeping accommodation for human beings.
    - Yes
    - No
  - E. Do you consider yourself to have a disability?
    - Yes
    - No

**EMPLOYMENT INFORMATION -CURRENT OR LAST EMPLOYER- AND INCOME STATUS**

Company name: .....

Phone number: .....

Start Date: .....

End date if no longer employed: .....

Position: .....

Contact Person: .....

Rate of Pay: .....

Hours per week: .....

Annual Income (Earned): .....

**What kind of student am I?**

4.  New Student someone who has never attended College.  
 Readmit Student Someone who has not attended LSCC in the last year, but was previously enrolled. \_\_\_\_\_ (year)  
 Transient Student Someone who is enrolled at another college or university and is not pursuing a degree at LSCC.  
 Currently enrolled at LSCC\*.  
 Degree sought:  AA  AS/AAS  Certificate/ATD

\*If you are currently enrolled at Lake Sumter Community College attach the following documents with this form:  
 Copy of the student's schedule, registration status and account summary must be attached.

If your transcripts, test scores, etc., will arrive under any name(s) other than listed above or if you attended LSCC under any other name(s), please list all previous names here:

.....

Please select one of the following as your home campus:

Leesburg  South Lake  Sumter

Note: Children Services Council Assistance/Single Parents/Lake County residents only

5. I have attended another college/university/other postsecondary institution  
 Yes  No

List all institutions/dates attended. *No abbreviations please.* College/University Name and Campus

*Please use additional sheet of paper if necessary.*

Institution	Date	Highest Level Attained*
		Examples: Vocational training, No Post-Secondary Education, Some Post-Secondary Education, Received AA or AS, Bachelor's Degree, Master's Degree

6. Have you taken a CLEP or AP exam?  Yes  No

If yes, you must submit those scores to LSCC directly from the College Board.

*If you have already received an A.A. degree from a Florida public college/university, you are not eligible for an A.A. from LSCC. In order to receive accurate advising, all college/university transcripts must be received prior to enrolling in classes. The financial aid office will not process aid until all high school and college transcripts have been received.*

7. High School Information

Which of the following have you completed? *Please check one.*

- A Standard high school certificate of completion\*
- B Special high school certificate of completion\*
- C Standard high school diploma (4-year options)
- D Special high school diploma\*
- E GED (state issued high school equivalency diploma; English version)
- F College ready diploma prior to 2001
- G Home Education Program Affidavit (must complete the LSCC affidavit)
- H Standard high school diploma - College Prep. 18-hour option
- I Standard high school diploma - Career Prep. 18-hour option
- J Certificate of completion - Met all requirements except FCAT
- X Provisional: I am at least 18 years of age and have not received a standard high school diploma or GED\*

Please complete the following:

8. High school presently attending or last attended:

.....  
Name of High School

.....  
Graduation Date (Mo/Day/Yr)

.....  
City County/ State /Country

**PLEASE READ CAREFULLY**

By signing below, I have read Florida Statue 446.50, and meet the qualifications of the Displaced Homemaker as defined. Should I receive a Pell Grant, the covered expenses funded by this program during that time period will be reimbursed, and I also understand that the funds will not paid directly to students.

I understand that the New Directions Program Displaced Homemaker Trust Fund provides job counseling, job training and placement services; financial management services, educational services, outreach, information services and financial aid assistance, if I meet the requirements for eligibility.

As a Program participant, I will be expected to:

1. Enroll in the program
2. Complete classes or training so I can
3. Obtain a job

I am authorizing Lake -Sumter Community College-New Directions Program to obtain verification from any sources in order to complete the verification of my eligibility for the Displaced Homemaker Program (WIA), and the Single Parent Project /Children Services Council (CSC) funds.

In addition, everything that I have placed on this form is true and accurate to the best of my knowledge. In the event the Office of Financial Assistance and the New Directions Program discovers resources or income information that was not disclosed on the New Directions Program documentation, the Office of Financial Assistance and the New Directions Program reserves the right to re-evaluate my eligibility for this assistance, and if found ineligible, I may be responsible for repayment of funds to the New Directions Program.

I hereby authorize the New Directions Program to release this application, and any relevant supporting academic and/or Financial Aid Reports to persons involved in the process of financial assistance.

I also authorize use of this information, or any subsequent information derivates from this form for general statistics and reporting purposes.

**COMMITMENT STATEMENT:**

- I agree to complete the entire program as outline in the Individual Training Plan.
- I agree to notify the New Directions Program of circumstances that would prohibit completion of this plan.
- I agree to accept/secure employment upon completion of the Individual Training Plan.

**GENERAL RELEASE OF INFORMATION:**

I certify that the information that I have presented on this document is true and correct to the best of my knowledge. By my signature below, I am authorizing Lake Sumter Community College to release the information contained in the form and the training plan. In addition, I authorize any employer to release information requested by Lake-Sumter Community College/Agency of Workforce Innovation for me to be enrolled under the Displaced Homemaker Program, and the Single Parent Project/Children Services Council. (New Directions Program).

Applicant's Signature..... Date.....