

Solar Certificate Training Application

Participant Contact Information

Course Preference: In-Person
 On-line

Full Name: _____ DOB: ____/____/____
Address: _____ City: _____ State: _____ Zip Code: _____
Email Address: _____ Phone Number: _____

Participant Demographics Information

Sex: Male Female Choose not to answer

Ethnicity/Race:

American Indian or Alaskan Native Asian Hispanic/Latino
 Native Hawaiian or Other Pacific Islander Black or African American White
 More Than One Race

Education:

Secondary School Graduate or Equivalent
 Completed 1 or more years of Postsecondary Education
 Postsecondary Certification, License, or Educational Certificate (non-degree)
 Associate's Degree
 Bachelor's Degree or Equivalent
 Advanced Degree Beyond Bachelor's Degree

Income Eligibility Information:

Employed Yes No
(Unemployed since _____)
Eligible Veteran Yes No
Individual with a disability Yes No
Underemployed Yes No
English language learner Yes No
Dislocated Worker Yes No

Annual household income: \$ _____

Number of people living at the household: _____

Please submit the following items:

- Solar Certificate Training Application (this form)
- Your Identification (ID)
- Proof of Income
- Secondary School Graduate (High school diploma) or Equivalent

I certify that the information on this application is accurate, true, and has been provided voluntarily. I understand that false or misleading information given in my application or interview(s) can result in disqualification from the program(s).

Participant Signature: _____

Date: ____/____/____

For Official Use Only:

Recommended for Registration: Yes No

Documents Collected: _____

Anticipated Program Start Date: ____/____/____

Staff Member Initials: _____

Approved for Registration: Yes No

Director's Signature: _____

Date: ____/____/____