

## UWCS Individual Development Account Program Education Research Outline

**Name:** \_\_\_\_\_ **Agency:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Submission Date:** \_\_\_\_\_

About your Educational Background

*Please circle Highest Level of Education completed:*

Grade K through 5	Grade 6 through 8	Grade 9 through 12	H.S. Diploma/GED
Some College	2-year Degree	4-year degree	Attended grad school

How long has it been since you completed high school/college/GED? \_\_\_\_\_

Do you have a copy of your transcript(s)?    Yes    No

Have you had any vocational training?    Yes    No

If yes, what training have you received? \_\_\_\_\_

List all educational institutions you have attended.

Name	Address	City, State Zip Code	Phone	Year attended	Curriculum

Do you have any college credits? \_\_\_\_\_



About The Institution

What institution do you plan to attend? \_\_\_\_\_

Where is it located? Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Do you plan to attend? On Campus      Online      Distant Learning

Do you plan to? Live off Campus    Live on Campus

Is the institution you plan to attend accredited?    Yes    No

Does the institution require an entry exam?    Yes    No

When does each term (semester) start?

Fall \_\_\_\_\_    Spring \_\_\_\_\_    Summer \_\_\_\_\_

Who is the Dean/Director of the institution? \_\_\_\_\_

If you have previous credits are your credits transferable to this institution?    Yes    No

How many credits are transferable? \_\_\_\_\_

Will the credits *you receive* from this institution be transferable?    Yes    No

If *yes*, what institutions are they transferable to? \_\_\_\_\_

If *yes*, how many are transferable? \_\_\_\_\_

Is childcare available on campus?    Yes    No

Does the institution offer tutors?    Yes    No

If *yes*, when are they accessible? \_\_\_\_\_

Does the institution have a computer lab?    Yes    No

If *yes*, when is it available? \_\_\_\_\_

Does the institution have a reference library?    Yes    No

If *yes*, when is it available? \_\_\_\_\_

Does the institution offer convenient class scheduling?    Yes    No

About your Career

What career/vocational path are you interested in? \_\_\_\_\_

When are you planning to start classes? \_\_\_\_\_

Have you spoken with a counselor at the institution? Yes No

If yes, what is the counselor(s) name? \_\_\_\_\_

How many months/years will it take for you to complete school/training? \_\_\_\_\_

Will you receive a degree or a certificate from these institutions? Yes No

What will the degree/certificate be? \_\_\_\_\_

Will you need to become licensed to practice in the field you select? Yes No

Do you have to take continuing education courses? Yes No

If yes, how many \_\_\_\_\_ how often \_\_\_\_\_

About your Finances

How much will your education cost in total? \_\_\_\_\_

How much will your education cost? Per semester \$ \_\_\_\_\_ per year \$ \_\_\_\_\_

How will your education be funded? \_\_\_\_\_

Do you have any scholarships? Yes No

If yes, where are they from and how much are they worth? \_\_\_\_\_

\$ \_\_\_\_\_; \_\_\_\_\_ \$ \_\_\_\_\_

How you applied for any grants/scholarships or loans? Yes No

Do you have any outstanding student loans? Yes No

If yes, are you paying them? Yes No

How much will supplies cost? \_\_\_\_\_

How much will you need for transportation to and from school? \_\_\_\_\_

Does the school offer stipends? Yes No

Does the school offer work-study? Yes No

Essay

**Write a three-page typed paper addressing the statements below.**

Complete a five-year educational/career goal description for yourself.

- In five years where would you like to be with your career/education?
- Identify positions available for the career field you selected.
- What are the projections for positions available for the career(s) you have selected (i.e., salary, job stability, etc.)? (*May need to research online or at the library*)
- What experience will you need?
- What educational/life experience do you possess that will prepare you for the career you plan to pursue?

Other

Are there any barriers that may prevent you from finishing your training?    Yes    No

If yes, what are you plans to overcome those barriers? \_\_\_\_\_  
\_\_\_\_\_

What, if any, special assistance will you require? \_\_\_\_\_

Are you planning to purchase other items with your IDA?    Yes    No

If yes, list them: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please attach any supporting documents**

*(i.e. school enrollment forms, letter from counselor on school letterhead, estimate for tuition, books, supplies, equipment and cost for training or semester.)*

- Estimates must have the date, name, address and phone number of vendor and an authorized signature of the educational institutions or vendor.
- IDA funds may not be used for past educational expenses from previous semesters or educational loans)

