



Missouri Department of Higher Education and Workforce Development  
 Office of Workforce Development  
 QUEST Grant Pre-Screening Questionnaire

Name (Last, First, Middle) \_\_\_\_\_ Preferred Gender Pronouns: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Preferred method of contact:  **Phone**  **Email**

*The QUEST Grant provides necessary supportive services to ensure participation in post-secondary education training. The questions below are meant to determine if you may be eligible for services under this grant; however, does not guarantee eligibility. Collection of eligibility documentation and enrollment is required beyond this questionnaire.*

What is your current major(s)?: \_\_\_\_\_

How do you currently attend classes?:  **On campus**  **Online**  **Hybrid (on campus and online)**

What is your planned occupation after graduation? \_\_\_\_\_

Have you ever been laid off from a job?  **Yes**  **No**  
 - If yes, did you receive unemployment insurance?  **Yes**  **No**

Did you lose your job due to the COVID-19 pandemic?  **Yes**  **No**

Were you previously self-employed and lost your job or earned significantly less because of the COVID-19 pandemic?  **Yes**  **No**

Have you been unemployed for more than three months in the last seven months **and** have been actively searching for a job?  **Yes**  **No**

What type of supportive service are you requesting (select all that may apply):  **Transportation**  **Child Care**  **Housing**  **Health Care**  
 **Other:** \_\_\_\_\_

Signature: \_\_\_\_\_

**Please send the completed form to [SpecialGrants@dhewd.mo.gov](mailto:SpecialGrants@dhewd.mo.gov).**

*The Missouri Department of Higher Education and Workforce Development is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. Missouri Relay Services at 711.*