



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

Name (Last, First, Middle) _____ Preferred Gender Pronouns: _____ Last 4 SSN: _____

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/underemployed 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.

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.