

**Job Corps Student Allotment
Determination**

U.S. Department of Labor
Employment and Training Administration



This form must be completed for any student who desires to make an allotment.

OMB Approval No.: 1205-0030
Expiration Date: 02/29/04

PART I – IDENTIFICATION AND ALLOTTEE DESIGNATION

1. TO: (Name and address of Job Corps Center)	2. FROM: (Name and address of Admissions Agency)
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3. Name of Student (Last, First, Middle Initial)	4. Student ID
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5. Home Address of Student			
No. and Street	City or P.O.	State	ZIP Code

6. Date Travel Commenced			7. Date of Birth			8. Sex (Check appropriate box)	
Day	Month	Year	Day	Month	Year	<input type="checkbox"/> Male	<input type="checkbox"/> Female

9. Allotment (See qualification criteria on reverse)		b. Allotment Authorized (Check one) <input type="checkbox"/> Yes <input type="checkbox"/> No
a. I desire an allotment for the allottee indicated below: (See Item 9c) I understand that my contribution for the allottee will be deducted from my living allowance.		
Signature of Student		Date Signed

c. "X" appropriate box <input type="checkbox"/> Allottee <input type="checkbox"/> Allottee/Payee	
Name of Allottee or Allottee/Payee	Relationship

No. and Street	City or P.O.	State	ZIP Code
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Guardian of:	Signature of Allottee or Allottee/Payee	Date (Day, Month, Year)
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d. Allotment Amount		10. The above information is true and correct to the best of my knowledge and belief.	
Student's Contribution	\$	11. Typed Name of Agent or Representative	
Government Contribution	\$		
Total Allotment	\$		
		12. Signature of Agent or Representative	Date (Day, Month, Year)

PART II – APPEAL OF ALLOTMENT DISALLOWANCE

1. It is requested that the original determination of non-entitlement to an allotment be reviewed. The student feels that he/she is entitled to make an allotment and makes the following statement: (if additional space is required, continue on blank paper and attach to this form.)

2. The above information is true and correct to the best of my knowledge and belief.

3. Signature of Student

4. Typed Name and Signature of Authorized Official	Date (Day, Month, Year)
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Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. Public reporting burden for this collection of information is estimated to average 3 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Office of Job Corps, Room N-4463, 200 Constitution Avenue, N.W., Washington, D.C. 20210 (Paperwork Reduction Project 1205-0030).

Form Instructions
ETA 6-58 Job Corps Student Allotment Determination

- Purpose:** To obtain information from the applicant as to the allottee designation.
To document the applicant's claim to qualify for allotment.
- Originator:** Job Corps Admissions Counselor/Job Corps Center.
- Frequency:** Once for each applicant who accepts Center assignment, is qualified and wants to make an allotment.
- Distribution:** Applicant to Center
Original: Send with applicant to assigned Center
Copy: Admissions Counselor
Applicant refuses assignment
Copies 1 and 2: to Admissions Counselor
- Disposition:** Original: Job Corps Center
Copy: Admissions Counselor
- General Instructions:** Admissions Counselor should make every effort to obtain documentation to verify that the applicant is qualified to make an allotment.
Complete this form only for an eligible applicant according to the allotment criteria.
- Detailed Instructions:** Part I - Identification and Allottee Designation
ITEM
1-3. Self explanatory.
4. Social Security No. - Enter the Social Security Number.
5-8. Self explanatory.
9. Allotment.
9a. Emphasize the statement: "I understand that my contribution for the allottee shall be deducted from my living allowance."
9b. Self explanatory.
9c. Enter the complete name and address (two letter code for State) of the person to whom the applicant wishes to make an allotment.

List the relationship of that person to the applicant.

An allotment may not be apportioned between two or more allottees.

Allotment cannot be paid to children.

Residents of foreign countries are not eligible to receive an allotment.

An allotment must go to the person or agency caring for the child.

The applicant may contribute \$5, \$10, or \$15 from the biweekly pay. However, the \$15 contribution cannot be made until the applicant's biweekly pay is at least \$30. Job Corps will match the applicant's contribution by a multiple of 5. For example, a \$10 applicant contribution will be matched by a \$50 Job Corps contribution.

- 10. After typing the name of the Admissions Counselor or Representative, the Admissions Counselor will sign. The signature means that the Admissions Counselor has obtained documentation to verify the applicant's eligibility to make an allotment to the allottee named in 9c, has annotated the type of documentation obtained in the agency's files, and is authorizing the government to initiate an allotment for the allottee.**

Part II - Appeal of Allotment Disallowance

If original determination for allotment was not allowed, and

If a review with the applicant indicates that the applicant has adequate grounds for an appeal, and

If the Center Director or authorized delegate agrees with the review,

Then an authorized official signs it, enters date in item 2 and sends it to the admissions agency listed in item 2 of Part 1.

Part III - Appeal Determination

Have admissions counselor review information in Part 11.

Complete items 1 through 6 and return form to Center.