



Application for Services WORKER RETRAINING, WORKFIRST, OPPORTUNITY GRANT AND BFET

☐ SCC ☐ SFCC

Name: _____ Date: _____
(Last) (First) (MI)

Address: _____
(Number and street) (City) (State) (Zip)

Phone: _____ / _____
(Day) (Cell)

E-mail address: _____

Social Security #:

--	--	--	--	--	--	--	--	--	--

 Student ID #:

--	--	--	--	--	--	--	--	--	--

Have you lived in Washington state for 12 months or longer? ☐ Yes ☐ No

Have you applied for financial aid (FAFSA)? ☐ Yes ☐ No

Current number of people you financially support in your household: _____

What support are you hoping to receive? _____

EDUCATIONAL INFORMATION

Course / program of study: _____

☐ Degree Program ☐ Certificate Program ☐ Non-credit ☐ Other _____

Are you currently taking prerequisites? ☐ Yes ☐ No

Previous education obtained (note all that apply)

a. Degree(s): _____

b. Certificate(s): _____

c. Other education and training? _____

EMPLOYMENT HISTORY

Are you collecting unemployment? ☐ Yes ☐ No

Have you collected or exhausted unemployment anytime in the last 48 months? ☐ Yes ☐ No

Are you currently employed? ☐ Yes ☐ No

Are you formerly self-employed? ☐ Yes ☐ No

Is your employer requiring more training or skills to keep your position? ☐ Yes ☐ No

Have you been separated from the military within the past 48 months? ☐ Yes ☐ No

Are you active military with an order of separation? ☐ Yes ☐ No

Displaced homemaker: Has been dependent on the income of a household member and is no longer supported by that income within the last 48 months; and is low-income and unemployed or underemployed. ☐ Yes ☐ No

FUNDING INFORMATION

Have you received Opportunity Grant funding at any other Washington State community or Technical college? ☐ Yes ☐ No

Are you receiving funding from (check all that apply)?

- | | |
|--|---|
| <input type="checkbox"/> Department of Vocational Rehabilitation (DVR) | <input type="checkbox"/> Veterans / GI Bill® |
| <input type="checkbox"/> Basic Food Assistance (DSHS) | <input type="checkbox"/> WorkFirst/TANF – JAS ID: _____ |
| <input type="checkbox"/> Trade Adjustment Assistance (TAA) | <input type="checkbox"/> Other: _____ |

AUTHORIZATION FOR RELEASE OF INFORMATION

We adhere to FERPA regulations regarding the privacy of student information. The information you give us is confidential. We will share it with our WorkSource partners in order to give you access to employment and training services. Partners typically include Employment Security, the Department of Social and Health Services, the Division of Vocational Rehabilitation, Community Colleges of Spokane, and others. Your signature authorizes this release of information and certifies that the above information, including college academic status and class attendance, is true and correct to the best of your knowledge. Your signature also indicates your acceptance of available Workforce Education funding. Future Workforce Education funding is contingent on satisfactory academic progress and continued eligibility.

Student signature

Date