# **Applicant**

**Name: Click or tap here to enter text. Click or tap here to enter text. Click or tap here to enter text.**

 **Last First Middle Initial**

**Student ID: Click or tap here to enter text. Date of Birth: Click or tap here to enter text.**

# **Contact Information**

Mailing Address: Click or tap here to enter text.

City, State, Zip Code: Click or tap here to enter text.

Email: Click or tap here to enter text.

Phone: Click or tap here to enter text. Alt. Phone: Click or tap here to enter text.

# **Emergency Contact**

Name: Click or tap here to enter text. Relationship: Click or tap here to enter text.

Phone: Click or tap here to enter text. Address (street, city, state): Click or tap here to enter text.

# **Residency and Citizenship**

Are you a Washington state resident? (have lived in Washington state continuously for the last 12 months)

Choose an item.

Are you a United States Citizen? Choose an item.

If not, what is your country of citizenship? Click or tap here to enter text.

What is your visa status? [ ]  Immigrant/Permanent Resident – A#: Click or tap here to enter text.

[ ]  Temporary Resident – A#: Click or tap here to enter text.

[ ]  Refugee/Asylee – A#: Click or tap here to enter text.

[ ]  International Student (F or M Visa)

[ ]  Visitor

[ ]  Other (explain): Click or tap here to enter text.

# **Education**

**Previous Education. Select your current level of education: Choose an item.**

**Program of Study. What is your program of study? Click or tap here to enter text.**

**Completion Goal. Select your completion goal: Choose an item.**

# **Grants**

**Select the Workforce Education Grants that you are applying for:**

[ ]  **Opportunity Grant (OG)**

[ ]  **Basic Food, Employment, & Training Grant (BFET)**

[ ]  **Worker Retraining Grant (WRT)**

Have you ever received the Opportunity Grant at any other college? Choose an item.

 If so, which college and when? Click or tap here to enter text.

# **Other Funding**

**Select the other “tuition, fees, and books” only resources that you have or will apply for:**

[ ]  SkillSource – Application status: Choose an item.

[ ]  Department of Vocational Rehabilitation (DVR) – Application status: Choose an item.

[ ]  Veteran Programs – Application status: Choose an item.

[ ]  Trade Act (TAA) – Application status: Choose an item.

[ ]  Labor & Industries (L&I) – Application status: Choose an item.

[ ]  Other: Click or tap here to enter text. – Application status: Choose an item.

# **Demographics (optional)**

**Please select the categories that best describe you.**

**Choose an item.**

[ ]  American Indian or Alaskan Native

[ ]  Asian

[ ]  Black or African American

[ ]  Hispanic, Latino, or Spanish origin

[ ]  Middle Eastern or North African

[ ]  Native Hawaiian or other Pacific Islander

[ ]  White

[ ]  Some other race, ethnicity, or origin

[ ]  More than one race, ethnicity, or origin

[ ]  Prefer not to say

# **Other Information**

Do you have a valid driver’s license? Choose an item.

Do you have a reliable vehicle? Choose an item.

If not, what do you rely on for transportation?

[ ]  Friends/Family [ ]  Bus/Public Transportation [ ]  Bicycle

[ ]  Walking [ ]  Other: Click or tap here to enter text.

Do you have computer access at home? Choose an item.

Do you have internet access at home? Choose an item.

# **Use of Information**

**Wenatchee Valley College adheres to FERPA regulations regarding the privacy of student information.**

## Applicant Acknowledgements, Certifications, and Permissions

**For each of the following statements, please read carefully and select "I agree" to certify, acknowledge understanding, and give permission accordingly.**

I certify that the information I have provided on this application and have attached to it is complete and accurate and I realize that willful falsification of this information by me may subject me to penalties as provided in Washington State Law. RCW 74.06.055.

**Choose an item.**

I understand that by applying to any of the Workforce Education Grant programs, I authorize Workforce Education Grant Program staff to obtain and/or share records from/with my employer, DSHS, Childcare Provider, Employment Security Department, SkillSource, OIC, WVC faculty and other campus offices and/or public agencies.

**Choose an item.**

I understand that being granted any of these awards is contingent upon acceptance to Wenatchee Valley College and registration into an approved program.

**Choose an item.**

I also understand that if I am determined eligible for any of the grants, funding is not guaranteed every quarter.

**Choose an item.**

I understand that assistance is based on availability of funds, meeting grant obligations, earning "C" grades or better, and that it is partially based on a first-come, first-served basis.

**Choose an item.**

I give permission to be contacted and for my future employers to be contacted about me for data tracking purposes.

**Choose an item.**

**By typing my name and entering the date below, I certify that my responses in this application are true and correct to the best of my knowledge.**

**Click or tap here to enter text. Click or tap to enter a date.**

# We believe in equal opportunity

## Equal opportunity is the law

It is against the law for Wenatchee Valley College as a recipient of Federal financial assistance to discriminate on the following bases:

* against any individual in the United States, on the basis of race, color, religion, sex, national origin, age, disability, political affiliation or belief; and
* against any beneficiary of programs financially assisted under Title I of the Workforce Investment Act of 1998 (WIA), on the basis of the beneficiary’s citizenship/status as a lawfully admitted immigrant authorized to work in the United States, or his or her participation in any WIA Title I-financially assisted program or activity.

The recipient (WVC) must not discriminate in any of the following areas:

* deciding who will be admitted, or have access, to any WIA Title I-financially assisted program or activity; providing opportunities in, or treating any person with regard to, such a program or activity; or making employment decisions in the administration of, or in connection with, such a program or activity.

## what to do if you believe you have experienced discrimination

If you think that you have been subjected to discrimination under the Title I-financially assisted program or activity, you may file a complaint within 180 days from the date of the alleged violation with either:

Reagan Bellamy

Executive Director, Human Resources

Wenatchee Valley College

1300 Fifth Street

Wenatchee, WA 98801

The Director

Civil Rights Center (CRC)

U.S. Department of Labor

200 Constitution Avenue NW, Room N-4123 Washington, DC 20210

If you file your complaint with the recipient (WVC), you must wait either until they issue a written Notice of Final Action, or until 90 days have passed (whichever is sooner), before filing with the Civil Rights Center (see address above).

If the recipient (WVC) does not give you a written Notice of Final Action within 90 days of the day on which you filed your complaint, you do not have to wait for the recipient to issue that Notice before filing a complaint with CRC. However, you must file a complaint within 30 days of the 90-day deadline (in other words, within 120 days after the day on which you filed your complaint with the recipient).

If the recipient does not give you a written Notice of Final Action on your complaint, but you are dissatisfied with the decision or resolution, you may file a complaint with CRC. You must file your complaint within 30 days of the date which you received the Notice of Final Action.

For more information, contact: Reagan Bellamy

Executive Director, Human Resources

Wenatchee Valley College

1300 Fifth Street

Wenatchee, WA 98801

rbellamy@wvc.edu

509.682.6445

**By typing my name below and entering the date, I verify the receipt of the above information.**

**Click or tap here to enter text. Click or tap to enter a date.**

An equal opportunity program

Auxiliary aids and services available upon request for individuals with disabilities:

509.682.6854 509.422.7812 sas@wvc.edu Fax 509.682.6541

# important note

On the following page, you will find additional application requirements for Workforce Education Grants.

Please know that **we can only accept complete applications with all required additional documentation included.** **Incomplete applications will not be considered or saved.**

Please use the following page as a guide to gather all application requirements and submit them at the same time.

Contact Workforce Grants Staff with any questions:

Erika Schenkvonstauffenberg eschenkvonstauffenberg@wvc.edu

Nayeli Cabrera ncabrera@wvc.edu

Julie Fitch jfitch@wvc.edu

Riva Morgan rmorgan@wvc.edu

|  |
| --- |
| FOR ALL Workforce education GRANTS |
| * Photo ID
* A complete Academic Plan, from start through graduation, prepared for you and signed by an advisor or an Ed. Planner
* Most recent college transcripts (unofficial okay) ~ Workforce Grants staff will access/print WVC transcripts
* Current Schedule (with correct program and intent codes) ~ Workforce Grants staff will access/print this
 |
| for Opportunity Grant (OG) |
| * Copy of the most recent year’s taxes
	+ **If taxes were not filed**: You must request an IRS Verification of Nonfiling Letter (VNF) through the IRS website ~ <https://www.irs.gov/individuals/get-transcript>
* Two months of recent income history for your household (paystubs, unemployment paystubs, SSI, etc.)
* Verification of Washington State Residency (usually Washington state driver’s license or ID card)
* **Written Responses:** Please write a response to each of the following questions.
1. What are your educational and career goals? Explain why you feel these goals are a good fit for you.
2. Everyone has personal strengths as well as areas to improve. Describe some of your strengths and how they can help you reach your goals. What are some areas that you want to improve on and how do you plan to work on these?
3. Describe an accomplishment or area of your life that you feel extremely proud of.
4. How will acceptance into the grant make a difference for you?
 |
| for Basic Food, Employment, & Training Grant (BFET) |
| * DSHS Release form, signed
* Verification of eligibility for food benefits
* Individual Employment Plan ~ will be completed with Workforce Grants staff
 |
| for Worker Retraining Grant (WRT) |
| * DSHS Release form
* Verification of food benefits, if currently receiving
 | Unemployed: One of the following |  |  | Displaced homemaker: |  |
| * Written information about recent occupation and number of years and months employed in the field before becoming unemployed
* Unemployment pay stub or statement verifying current benefits or exhausted benefits within the last 48 months
* Layoff notice
 | * Signed statement that you provided unpaid support to your family at home and that you are currently under- or unemployed
* Paystub, if applicable
* Divorce decree, death decree, or other documentation as applicable to certify loss of the income that you were dependent on
 |
|  | Was self-employed, now unemployed due to economy: |  |  | Vulnerable workers: two of these three |  |
| * Print-out from demand/decline list (<https://esd.wa.gov/labormarketinfo/learn-about-an-occupation#/search>) showing that your occupation is not in demand
* College transcripts verifying you have not earned 45 credits and a credential
* The items below:
	+ Vulnerable Worker Statement verifying that retraining is required (with employee and employer signatures)
	+ Recent paystub
 |
| * Three years taxes, showing declining business income
* A copy of your business license (expired okay)
 |
|  | Eligible veterans discharged within the last 48 months: one of the following |  |
| * Copy of DD 214
* Official notice of separation
 |