

| Name:   | A # 1 (0 - 1 - 1 - 1  |  |  |  |
|---|---|--|--|--|
| Last First<br>Student ID:   | Middle Initial Date of Birth (MM/DD/YYYY):  |  |  |  |
| Today's Date (MM/DD/YYYY):  |   |  |  |  |
|   |   |  |  |  |
| FOR ALL (   | GRANTS  |  |  |  |
| <ul> <li>Photo ID</li> <li>Current Schedule (with correct program intent)</li> <li>Most recent transcripts (unofficial okay)</li> <li>Your complete Academic Plan, from start through graduation, signed by your advisor (template available at: <u>commons.wvc.edu/wfeg)</u></li> </ul>  |   |  |  |  |
| Opportun  | ity Grant   |  |  |  |
| <ul> <li>Completed Letter of Reference Form.<br/>Available online at: <u>commons.wvc.edu/wfeg</u></li> <li>Copy of most recent years taxes <ul> <li>If taxes were not filed: A signed and dated statement explaining current lack of income and why taxes were not filed. Explain all current household income thoroughly.</li> </ul> </li> <li>Two months of recent income history, for household (paystubs, unemployment paystubs, SSI, etc.)</li> <li>In one essay, answer the following questions: <ol> <li>What are your educational and career goals? What specific steps have you already taken on the path to reach them? Everyone has personal strengths as well as weaknesses which can become obstacles to success. How will you address them on the way to achieving your goals?</li> <li>Describe yourself as both a learner and a worker. How would others perceive you in each of these roles?</li> <li>How will acceptance into the grant make a difference for you?</li> </ol> </li> </ul> |   |  |  |  |
| Unemployed:   | Displaced homemaker:  |  |  |  |
| <ul> <li>Written information about recent occupation and<br/>number of years and months employed in the field<br/>before becoming unemployed</li> <li>Unemployment pay stub verifying current benefits or<br/>exhausted benefits within the last 48 months.<br/>OR</li> <li>Layoff notice</li> </ul>  | <ul> <li>Certification that you lost income within the last 24 months which you were dependent on, that you provided unpaid support to family at home, and that you are currently under- or unemployed (form available: <u>commons.wvc.edu/wfeg</u>)</li> <li>Paystub, if applicable         <ul> <li>Divorce decree, death decree, or other documentation as applicable</li> </ul> </li> </ul>   |  |  |  |
| Unemployed due to economy, and was self-  | Vulnerable workers:   |  |  |  |
| <ul> <li>Eligible veterans discharged within the last 48 months:</li> <li>Copy of DD 214</li> </ul>   | <ul> <li>attach 2 of these 3:         <ol> <li>Print-out from demand/decline list<br/>(https://fortress.wa.gov/esd/wilma/wdclists) showing<br/>occupation is not in demand</li> <li>College transcripts verifying that you have not<br/>earned 45 credits and a credential.</li> <li>The items below:                 <ul> <li>Vulnerable Worker Statement (form available:<br/>commons.wvc.edu/wfeg)</li> <li>Signed and dated letter from employer stating<br/>that retraining is required</li> <li>Recent paystub</li> </ul> </li> </ol></li></ul> |  |  |  |
|   |   |  |  |  |
| <ul> <li>Basic Food Employment &amp; Training</li> <li>Verification of food benefits, if currently receiving</li> <li>IEP (form available online: <u>commons.wvc.edu/wfeg</u>)</li> </ul>   | <ul> <li>Work First</li> <li>TANF Individual Responsibility Plan (IRP), which is your contract with DSHS</li> </ul>   |  |  |  |



| Name:   |                     |               |   |                     |  |
|---|---------------------|---------------|---|---------------------|--|
| Last<br>Student ID:   |                     | First         | Date of Birth (MM/DD/YY   | Middle Initial      |  |
|   | Conta               | act In        | formation   | · · <i>)</i> .      |  |
| Mailing Address:  |                     |               |   |                     |  |
| Email:  |                     |               |   |                     |  |
| Phone:  |                     |               | Alternative Phone:  |                     |  |
|   | Emer                | genc          | y Contact   |                     |  |
| Name:   |                     |               |   |                     |  |
| Phone:  | Address:            |               |   |                     |  |
|   | Residen             | cy an         | d Citizenship   |                     |  |
| Are you a Washington state resident? ${* i }$                                 |                     | *lived        | YesNo*<br>ed in WA for at least a year                            |                     |  |
| Are you a United States citizen?  |                     | * <u>Subn</u> | YesNo*<br>bmit a copy of your documentation with your application |                     |  |
| Social Security #   |                     |               |   |                     |  |
| If not a United States  | citizen:            |               |   |                     |  |
| What is your country of   | •                   |               |   |                     |  |
| What is your visa status  | \$?                 |               |   |                     |  |
| Temporary resident  |                     | ,             | International student   | t (⊢ or M Visa)     |  |
| [Alien Number: _  |                     | ]             | Visitor   | Conditional Entrant |  |
| Immigrant/Permaner<br>[Alien Number:  | ni resident         | 1             | Refugee/Parolee or<br>Other:                                      | Conditional Entrant |  |
|   | Но                  | IISehi        | old Data  |                     |  |
| Enter the number of ho  |                     |               |   |                     |  |
|   | Spouse:             |               | Other:  |                     |  |
| Children (Newb  | orn – 5 years old): |               | [Explain:]  |                     |  |
| Children (K – 6 <sup>th</sup> grade):   |                     |               |   |                     |  |
| Children (7 <sup>th</sup> – 12 <sup>th</sup> grade): Total Household Members: |                     |               | ers:  |                     |  |
|   | Previ               | ious I        | Education   |                     |  |
| Check your level of edu   | ication:            |               |   |                     |  |
| Less than High School or GED  |                     |               | Associate's Degree  |                     |  |
| High School or GED  |                     |               | Bachelor's Degree   |                     |  |
| Certificate of Completion   |                     |               | Master's Degree   |                     |  |
| Certificate of Proficie   |                     |               | Doctorate Degree  |                     |  |
| What is your mother's [or first parent/guardian's] level of education?        |                     |               |   |                     |  |
| What is your father's [or second parent/guardian's] level of education?       |                     |               |   |                     |  |
| Program of Study Check your Certificate/Degree Goal: Certificate ATS AAS-T    |                     |               |   |                     |  |
|   |                     |               |   |                     |  |
| Start Date (Quarter/Year):  |                     |               |   |                     |  |
| Estimated End Date (Quarter/Year):  |                     |               |   |                     |  |
| How many credits do you plan to enroll in?                                    |                     |               |   |                     |  |
| 12+ [Full-time]   | 9-11 [¾ time        | ]             | 6-8 [½ time]  | 1-5 [< part time]   |  |



| Grants   |   |  |  |  |
|--|---|--|--|--|
| I am applying for:   |   |  |  |  |
| Opportunity Grant  | Basic Food Employment & Training (BFET) |  |  |  |
| Worker Retraining  | Work First                              |  |  |  |
| Have you ever received an Opportunity Grant at any college?YesNo                             |   |  |  |  |
| If yes, where and when?  |   |  |  |  |
| Other Funding  |   |  |  |  |
| Other "tuition, fees, and books only" resources that I have or will apply for:               |   |  |  |  |
| SkillSource  | Trade Act (TAA)                         |  |  |  |
| Status:  | Status:                                 |  |  |  |
| Dept. of Vocational Rehab (DVR)  | Labor & Industries (L&I)                |  |  |  |
| Status:  | Status:                                 |  |  |  |
| Veteran programs:  | Other:                                  |  |  |  |
| Status:  | Status:                                 |  |  |  |
| Demographics<br>Gender: Male Female Providing this is voluntary                              |   |  |  |  |
| Gender: <u>Male</u> Female <i>Provid</i><br>Race/Ethnicity: <u>American Indian/Alaskan N</u> | ing this is voluntary<br>lative Asian   |  |  |  |
| Black/African American   | Hispanic/Latino                         |  |  |  |
| Caucasian/White  | Hawaiian/Other Pacific Islander         |  |  |  |
| More than one race   | Other                                   |  |  |  |
| Other Information  |   |  |  |  |
|  | Yes No                                  |  |  |  |
| · · · · · · · · · · · · · · · · · · ·  | Yes No                                  |  |  |  |
|  | Friends/Family Bus                      |  |  |  |
| If not, do you rely on:  | WalkingOther:                           |  |  |  |
| Do you have computer access at home?   | Yes No                                  |  |  |  |
| Do you have internet access at home?   | Yes No                                  |  |  |  |
| Have you been convicted of any crime   | Yes No                                  |  |  |  |
| within the last seven years? —   |   |  |  |  |
| If so, please explain:   |   |  |  |  |

Wenatchee Valley College adheres to FERPA regulations regarding the privacy of student information. 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. Furthermore, 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. I understand that being granted any of these awards is contingent upon acceptance to Wenatchee Valley College and registration into an approved program. I also understand that if I am determined eligible for any of the grants, funding is not guaranteed every quarter. I understand that assistance is based on availability of funds, meeting grant obligations (including workshop attendance), earning "C" grades or better, and that it is partially based on a first-come, first-served basis. I give permission to be contacted, or for my future employers to be contacted about me for data tracking purposes.

Applicant's Signature

## 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 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 or 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, you must wait either until the recipient issues 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 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

Participant's Signature

Date

An equal opportunity program

Auxiliary aids/services available upon request for individuals with disabilities 509.682.6854; 509.422.7812 Fax 509.682.6541