



2009-10 OPPORTUNITY GRANT INCOME GUIDELINES

Table with 2 columns: Household Size, Annual Income. Rows 1-7 with corresponding income values.

For each additional person, add \$7,480

Apply for Your Opportunity Grant!

Complete this form. We need to determine your eligibility for the Opportunity Grant. Please answer each question. Your information will be kept confidential. If you need help in completing this application, call Daphne Larios at (509) 542-4861.

Date: \_\_\_\_\_

Form with fields for Name (Last, First, MI), Address (Street, City, State, Zip Code), Home Phone, Work Phone, Cell, Email, Birth Date, Age, Gender, Social Security#, CBC Student ID#, and ethnic group options.

Program Eligibility

Are you a U.S. citizen? Yes No Permanent resident? Yes No

How long have you lived in Washington? \_\_\_\_\_ years \_\_\_\_\_ months

Have you completed the Free Application for Federal Student Aid (FAFSA)? Yes No

Are you or have you received federal financial aid for school such as a Pell Grant or State-Need Grant? Yes No

Your family's monthly gross income: \$ \_\_\_\_\_ Household size reported (include yourself): \_\_\_\_\_

IMPORTANT - Attach proof of income: job pay stub, DSHS statement, unemployment statement, etc. If married, include proof of spouse's income as well.

- Attach a copy of your 2008 tax return and W-2 forms.

Source of income: Employment DSHS Social Security Unemployment Benefits Disability Other, please explain \_\_\_\_\_

List DSHS assistance (TANF): Food Card \_\_\_\_\_ Medical Coupons \_\_\_\_\_ Cash Assistance \$ \_\_\_\_\_

Are you a WorkFirst participant? Yes No Are you a Worker Retraining participant? Yes No

If you are claiming zero income, how do you support yourself? Please explain. If more room is needed, please attach.

Blank lines for additional explanation.

## Household Members

Name	Age	Relationship to You
1. _____		
2. _____		
3. _____		
4. _____		

## Educational History

Do you have a high school diploma or GED?  Yes  No Which one do you have? \_\_\_\_\_

If YES, year completed? \_\_\_\_\_

Is Columbia Basin College your FIRST college experience?  Yes  No

If NO, what other colleges have you attended, including dates?

\_\_\_\_\_

Have you ever received an Opportunity Grant at any other college prior to attending Columbia Basin College? \_\_\_\_\_

How many college credits have you completed? \_\_\_\_\_

Do you have a documented disability?  Yes  No

If YES, is documentation of disability on file with the Resource Center?  Yes  No

Whom should we contact in case of an emergency? (Please provide emergency contact information below):

\_\_\_\_\_

## Educational Goals: Which program are you interested in pursuing? Please list exact program.

AOT/HIT Certificate or Degree: \_\_\_\_\_

Health Science Certificate or Degree

(NAC, Nursing, Dental Hygiene, Surg Tech, Rad Tech, Phlebotomy, ect.): \_\_\_\_\_

Automotive Technology Program: \_\_\_\_\_

Early Childhood Education Certificate or Degree: \_\_\_\_\_

## Support Needs: How can the Opportunity Grant best support your educational goals?

### Check all that apply:

Academic Advising

Career Development/Counseling

Cultural Activities

Financial Aid Advising

Personal Counseling/Support

Tutoring

Mentoring

Basic Skills Support

Study Skills

College Skills Assessment

Childcare: How many hours per week? \_\_\_\_\_

Other \_\_\_\_\_

How did you find out about the Opportunity Grant? \_\_\_\_\_

Are you getting support from another program? Check all that apply:

WorkFirst

Worker Retraining

Financial Aid

Other Scholarships or Grants

## Affidavit of Truth Statement and Release of Information

I declare under penalty of perjury that the information given by me in this declaration is true, correct and complete to the best of my knowledge and realize that willful falsification of this information by me may subject me to penalties as provided in Washington State Law. RCW 74.06.055

I hereby authorize my employer, DSHS, Child Care Provider, the Employment Security Department, and Columbia Basin College to release and exchange information from my records for the purpose of determining eligibility for the Opportunity Grant to facilitate my enrollment, participation, educational and financial services. (\*Financial assistance above and beyond traditional aid for tuition, books, fees, supplies and equipment may need to be reported as taxable income.)

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

