

OPPORTUNITY GRANT APPLICATION

Name _____

CBC SID# _____

APPLICATION COMPLETION CHECKLIST

Initial each line and return this checklist with your completed Opportunity Grant application.

_____ Review Opportunity Grant eligibility requirements.

_____ Complete the Opportunity Grant application form.

Answer every question, make sure the application is signed and dated.

_____ Attach a **COPY*** of your 2010 tax return and W-2 forms.

- If you are under 24, are not married, and have no dependents, you must attach a copy of your parents' 2010 tax return.
- If you are married, include proof of spouse's income.
- If you did not file a tax return check here.

_____ Attach a **COPY*** of any income source for the last two months.

Pay stubs or receipts from employment, DSHS, unemployment benefits, disability, or other support documentation (for example: alimony, child support, letter of support)

_____ Complete the FAFSA (Free Application for Federal Student Aid) and any requests made by the Financial Aid office to complete your file.

Online application: www.fafsa.ed.gov

Financial Aid Portal: columbiabasin.edu/kiosk, then click on Financial Aid Portal

_____ Attach a **COPY*** of your current class schedule.

If you do not have a schedule yet or are in the process of applying for CBC admission, make a note in the space below.

_____ Attach a **COPY*** of your CBC unofficial transcript if you have attended CBC prior to the current quarter.

- Access unofficial transcript: columbiabasin.edu/kiosk
- If you are a new student to CBC, check here.

****Bring copies of all documentation with you when you submit your application as we cannot accept the originals or make copies for you.***

If you have questions please contact the Opportunity Office at Imcgrath@columbiabasin.edu or 509-542-4639.



Columbia Basin College complies with the spirit and letter of state and federal laws, regulations and executive orders pertaining to civil rights, equal opportunity and affirmative action. CBC does not discriminate on the basis of sex, race, color, national origin, religion, age, marital status, physical, mental or sensory disability, sexual orientation or Vietnam veteran status in its educational programs or employment. Questions may be referred to Camilla Glatt, Vice President for Human Resources & Legal Affairs, (509) 542-5548.



Individuals with disabilities are encouraged to participate in all college sponsored events and programs. If you have a disability and require an accommodation, please contact the CBC Resource Center, (509) 542-4412, or TTY/TDD at 542-0400. This notice is available in alternative media by request.

OPPORTUNITY GRANT - ELIGIBILITY REQUIREMENTS

Students eligible for the Opportunity Grant may receive funds to cover tuition/mandatory fees and up to \$1,000 for books and supplies for 45 college credits in approved programs. Support services such as tutoring, career advising, college success classes, emergency child care, and emergency transportation are also part of the Opportunity Grant program.

Who Qualifies?

- Must be a Washington state resident student
- Must be enrolled in an Opportunity Grant-eligible program of study including:
 - Automotive Technology
 - Early Childhood Education (ECE)
 - Health Sciences
 - Solid Modeling
- Must have a family income that is at or below 200 percent of the federal poverty level using the most current guidelines available from the U.S. Department of Health & Human Services
- Must have financial need based on the FAFSA (free application for federal student aid)
- Must have earned less than an associate's degree

Qualifying fields of study

Funding may be given to eligible students enrolled in one of the following programs:

Automotive Technology

- ◆ Certificate or AAS Degree

Early Childhood Education

- ◆ Certificate or AAS Degree, Child Development Associate-CDA, Early Childhood Education Certificate

Health Sciences

- ◆ Dental Hygiene AAS Degree, EMT-Basic Certificate, Medical Assistant Certificate or AAS Degree, NAC-Nursing Assistant Certificate, Nursing Certificate or AAS Degree, Paramedic Certificate or AAS Degree, Phlebotomy Certificate, Radiologic Technology AAS Degree, Surgical Technology Certificate or AAS Degree

Manufacturing Technology

- ◆ Solid Modeling for Manufacturing Short-Term Certificate

2011 HHS Poverty Guidelines

Persons in Family or Household	100% 48 Contiguous States and D.C.	200% 48 Contiguous States and D.C.
1	\$10,890	\$21,780
2	\$14,710	\$29,420
3	\$18,530	\$37,060
4	\$22,350	\$44,700
5	\$26,170	\$52,340
6	\$29,990	\$59,980
7	\$33,810	\$67,620
8	\$37,630	\$75,260
For each additional person add	\$3,820	\$7,640

SOURCE: *Federal Register*, Vol. 76, No. 13, January 20, 2011 p. 3637-3638
<http://aspe.hhs.gov/poverty/11poverty.shtml>



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2011-12 OPPORTUNITY GRANT APPLICATION

- 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 2010 tax return and W-2 forms.

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: _____

Name: _____
Last First MI

Address: _____
Street City State Zip Code

Home Phone: _____ Work Phone: _____

Cell: _____ Email: _____

Birth Date: _____ Age: _____ Gender: Male Female

Social Security#: _____ CBC Student ID#: _____

What is the ethnic group with which you most identify? (optional)

<input type="checkbox"/> American Indian or Alaskan Native Tribal Affiliation _____	<input type="checkbox"/> Hispanic or Latino
<input type="checkbox"/> Asian	<input type="checkbox"/> Multi-racial (more than one race)
<input type="checkbox"/> African/African American	<input type="checkbox"/> Native Hawaiian, other Pacific Islander
<input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> White
	<input type="checkbox"/> Other: _____

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): _____

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 additional paper.

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.

Health Science Certificate or Degree

(NAC, Nursing, Dental Hygiene, Surg Tech, Rad Tech, Phlebotomy, etc.): _____

Automotive Technology Program: _____

Early Childhood Education Certificate or Degree: _____

Solid Modeling for Manufacturing Short-Term Certificate: _____

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 _____

