

Workforce Education Center Childcare and Travel Reimbursement



Columbia Basin College 2600 N. 20th
Avenue MS-H2 Pasco, WA 99301
cctandloanprogram@columbiabasin.edu
Phone: 509.544.4981

Date Stamp

Please fill out this section completely. The SID is your CBC Student ID number. Submitted applications are processed on a first-come/first-served basis. **Incomplete applications will take longer to process.** Submit completed applications to cctandloanprogram@columbiabasin.edu.

Name (please print) _____ SID _____

Mailing Address _____

City _____ State _____ Zip _____

Physical Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Date of Birth _____ CBC Student Email _____

Emergency Contact Person _____ Phone _____

REQUESTED ASSISTANCE:

- Travel Expense Reimbursement
- Childcare Reimbursement

Financial Aid

- In the Financial Aid Portal under the section “Information We Need From You” is a list of paperwork required to complete your financial aid file. Double-check that all paperwork has been turned in.
- If you have any questions about your financial aid, please speak with Hawk Central.
- Checkmark below to indicate your current status:

- Financial Aid completed and submitted
- Did not apply
- Not eligible for Financial Aid ABE ESL GED Running Start
- Other: _____

Enrollment

Submit enrollment plans for academic year _____. Provide number of credits per quarter you plan on taking.

FALL	WINTER	SPRING	SUMMER



FOR STUDENTS REQUESTING CHILDCARE REIMBURSEMENT
Incomplete or inaccurate information will delay approval.

1. Do you receive childcare assistance from any other agency? Yes No

Agency Name: _____

If yes, what is your monthly out of pocket expense: \$_____

2. Number of children assistance requested for:

Name:_____ Age:_____

Name:_____ Age:_____

Name:_____ Age:_____

Name: _____ Age: _____

3. Childcare Provider Information

Provider Name: _____

Address:_____

Phone Number: _____

Email:_____

Contact Name: _____

Cost Per Month: _____

Consent to Release Childcare Information

I consent to the use of confidential information about me with Columbia Basin College to verify enrollment and costs of childcare for the purpose establishing eligibility in the CBC Childcare Reimbursement program. I further grant permission to CBC to verify the above information quarterly for the academic year _____.

Student Signature: _____ Date: ____

Print Name: _____

FOR STUDENTS REQUESTING TRAVEL REIMBURSEMENT

1. Please provide class information for courses that require you to travel (i.e. attend class, attend lab, or practicum).

Item #	Course ID	Day	Time	Class/Lab/Practicum Location
9901	TRA387	T Th	5AM – 6AM	T246

2. Valid driver's license and valid insurance is required. Contact program administration to submit proof of license and insurance (cctandloanprogram@columbiabasin.edu).
3. I verify that this assistance reimburses my costs for driving to and from class/lab/practicum. Initials _____

I understand that my eligibility for the above programs will be verified through access to my CBC student information including Financial Aid, academic records, and other student support services. I will provide other information as requested from the program administrator as needed to verify eligibility. I understand that the Workforce Education Center reserves the right to cancel assistance if necessary information is not provided.

I certify the above is true and accurate to the best of my knowledge. I understand that such information is subject to verification and further understand that the above information, if misrepresented or incomplete, may be grounds for immediate termination from any/all of the Workforce Education Center programs.

Student Signature: _____

Date: _____

Printed Name: _____

Submit completed applications to cctandloanprogram@columbiabasin.edu.