

Student program application for eligibility and services: BFET, Opportunity Grant, Worker Retraining and WorkFirst

APPLICANT INFORMATION

Name: _____ Today's Date: _____

Preferred Name (Nickname): _____ Phone: _____

Date of Birth: _____ SSN: _____ SID: _____

Address: _____

City: _____ State: _____ Zip: _____

Are you a Washington resident? (Lived in WA 12 months or more) Yes No

Email (please print clearly): _____

EDUCATION INFORMATIONProgram of Study: _____ BAS AAS AA Certificate

Program Start Date: _____ Projected End Date: _____

Will you be attending:

 Full-time (12+ credits) 3/4 time (9-11 credits) Part-time (6-8 credits) >Half-time (1-5 credits)Do you have a high school diploma or GED?: Yes NoAre you currently enrolled in classes at CBC?: Yes NoWhat is your highest level of education? Less than HS HS Diploma/GED Certificate Associates Degree Bachelor's Degree Post Bachelor's Degree

Major: _____ Year Earned: _____

If you do not have a degree, how many prior college credits have you earned (from any college/university)?

 None 1-30 31-60 61-90 91 or more Unsure

List all of the colleges or universities you have attended:

Have you completed an academic plan with a CBC advisor? Yes No

Have you previously (or currently) received services from any of these programs (at any school)? (Check all that apply)

 BFET Opportunity Grant Worker Retraining WorkFirst Resource Center None of these

What programs are you interested in applying for? (Check all that apply)

 BFET Opportunity Grant Worker Retraining WorkFirst

How did you hear about us?

FINANCIAL INFORMATION

Total household income per month (include spouse or parents if applicable): \$ _____ per month

Total Household Size: _____ Number of Adults: _____ Number of Children: _____

Number of children: 0-5 years: _____ 6-12 years: _____ 13-18 years: _____

Are you currently receiving DSHS Cash Assistance? (TANF) Yes No

Are you currently receiving Social Security? Yes No

Are you currently collecting Veteran's Benefits? Yes No

Are you currently receiving DSHS Food Assistance? (Food Stamps) Yes No

Have you applied for Financial Aid? (FAFSA/WASFA) Yes No

Are you currently receiving any other forms of Financial Aid? (Scholarships, WIOA, Trade Act, Loans, Etc.) Yes No

YES NO (Check all that apply)

Are you currently receiving unemployment benefits? WA State Other state _____

Have you exhausted unemployment benefits within the past 4 years? Date exhausted: _____

Are you currently working but have received a notice of layoff? Date of layoff: _____

Have you been supported by a family member but lost that support? (i.e. Displaced Homemaker)

Date support ended: _____

Have you been self-employed and experienced a lack of work due to economic factors?

Are you a U.S. Military Veteran? Discharge date: _____

Are you in active duty status in the U.S. armed services with less than 18 months to discharge?

Are you currently employed? Type of work: _____ Employer: _____

Gross Monthly Wages: \$ _____

Do you need training to continue your current employment and have not earned a related certificate/degree?

Are you working in a temporary job earning less than you have previously?

Reason you left your previous job? Quit Fired Lack of Work

EMPLOYMENT HISTORY

Beginning with the most recent, provide the past *five years* of employment history. Attach another page if needed.

Employer name: _____ Position title: _____

City, State: _____ Hours per week: _____

Start date: _____ End date: _____

Employer name: _____ Position title: _____

City, State: _____ Hours per week: _____

Start date: _____ End date: _____

Employer name: _____ Position title: _____

City, State: _____ Hours per week: _____

Start date: _____ End date: _____

RELEASE OF INFORMATION AND ATTESTATION STATEMENT

CBC adheres to FERPA regulations regarding privacy and confidentiality of student information. Because the Workforce Education Center is affiliated with other agencies, we will need to share educational and financial aid information. Your signature authorizes CBC to release any and all educational and financial aid information to our partner agencies including DSHS, Employment Security, WorkSource Partners, other Community Agencies, and other colleges. Furthermore, it authorizes the above agencies to release information to CBC.

I agree to the release of information policy. I certify that the information provided on this document is true and accurate to the best of my knowledge and belief. 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 and/or penalties as specified by law.

Enter or sign your name below if you have read and understand the statement above and can certify that you provided accurate and complete information on this form:

Student Signature: _____ Date: _____

INDIVIDUALIZED EMPLOYMENT AND EDUCATION PLAN

Name: _____ SID: _____ Date: _____

Please describe:

Short-Term Career Goals (0-2 years): _____

Long-Term Career Goals (2+ years): _____

Why did you choose this career path? What led to the decision to choose this career?

Please list some of your strengths, skills, abilities, and/or interests that relate to this career path and will help you reach your career goals:

What are some potential obstacles and challenges that you may encounter in pursuing your career and educational goals?
(Check all that apply)

- | | | |
|---|---|---|
| <input type="checkbox"/> Computer/Internet access | <input type="checkbox"/> Limited computer skills | <input type="checkbox"/> Lack of dependable childcare |
| <input type="checkbox"/> Disability (physical, mental, or learning) | <input type="checkbox"/> Limited English proficiency | <input type="checkbox"/> Lack of reliable transportation |
| <input type="checkbox"/> Limited time for school/work/family | <input type="checkbox"/> No GED or HS diploma | <input type="checkbox"/> Lack of family/friend support |
| <input type="checkbox"/> Previous academic history/poor grades | <input type="checkbox"/> Finances (including educational costs and/or money management) | |
| <input type="checkbox"/> Limited/Negative work experience | <input type="checkbox"/> Lack of stable housing/homeless | <input type="checkbox"/> Legal issues or criminal history |
| <input type="checkbox"/> Personal health issues or dependent with health issues | <input type="checkbox"/> Alcohol and/or drug use/dependency | <input type="checkbox"/> Other _____ |

What are your strategies to ensure that you complete your education and career goals?

BFET ELIGIBILITY AND PROGRAM REQUIREMENTS

The following are the requirements to participate in the Basic Food Employment & Training (BFET) Program:

- Receive Basic Food Assistance from DSHS
- Be able to work at least 20 hours per week upon completion of your training/education plan
- Follow your approved training/education plan (IEP)
- Make contact with your BFET advisor at least once each month

I, _____, **have read the requirements and agree to abide by them.**
(Print your name)

Yes No I understand this form and the contents have been explained to me in my primary language.

Student Signature: _____ **Date:** _____

Interpreter Signature: _____ **Date:** _____
(Required if client cannot understand this form in English)

For Office Use Only

Training/Education Plan: VE _____ hours/week BE _____ hours/week

Educational Institution: Columbia Basin College, Pasco, WA Degree/Certification: _____

Dates of Training: Program Start Date _____ Projected End Date: _____

BFET Advisor Signature: _____ **Date:** _____

Recommended services and referrals to address challenges:

OPPORTUNITY GRANT ELIGIBILITY AND PROGRAM REQUIREMENTS

The following are the requirements to participate in the Opportunity Grant (OG) Program:

- Notify the OG office as soon as you have completed your class registration and prior to any schedule change, including adding or dropping a class
- Attend class(es) regularly and keep up with class assignments
- Make sure the OG office has a workable email address that you will check frequently
- Inform the OG program of any changes in your address or phone number
- Inform the OG program of any academic or personal issues that conflict with your education
- Check-in with the OG office once a month in person, by email or by phone
- Seek and accept employment upon completion of your certificate/degree
- Maintain satisfactory academic progress of 2.0 CUM GPA each quarter with completion of 50% of attempted credits

I understand the program expectations and my responsibilities as a recipient of the Opportunity Grant program.

Enter or sign your name below if you have read and understand the statement above:

Student Signature: _____ Date: _____

You have completed the application for eligibility and services for the Workforce Education Center programs: Basic Food Employment & Training (BFET), Opportunity Grant (OG), Worker Retraining (WRT) and WorkFirst (WF)

Please return your completed application to the **Workforce Education Center** at Columbia Basin College:
2600 N. 20th Ave., MS-T1,
T Building, Room 581
Pasco, WA 99301
Phone: 509-542-4719

THE AREA BELOW IS FOR OFFICE USE ONLY

Reviewed By (int): _____ Date: _____

Training Program: _____ Prerequisites Certificate AAS

BAS AA-DTA

SUMMER _____ FALL _____ WINTER _____ SPRING _____ # of credits _____

Courses enrolled are required for training program Full-time (12+) 3/4 time (9-11) Part-time (6-8) >Half-time (1-5)

Student Transcript (SM5003) (Transcript on Advisor Dashboard): Number of QTRs at CBC _____ Last QTR attended _____

No prior completions Prior Certificate/Degree _____ Year _____

Of Cr attempted _____ CUM Cr Earn _____ GPA _____ CLVL Cr Earn _____ GPA _____ Pace of progress: _____%

Credits from another college _____ Prior Certificate/Degree _____ Year _____

FAFSA/WASFA Date: _____ Academic Year: _____ EFC: \$ _____ Total Unmet Need: \$ _____

SAP: Good Academic Progress On FA Warning FA Canceled: Needs _____ credits to become FA eligible

Comments: _____

Coding Check: Verify contact information and coding is correctly entered in HP-UNIX SMS screens

Admissions (SM2001): Current Name Current Address Current Phone(s)

Registration/Admissions (SM4002): Work Attend Code _____ (WRT=80s WF=60s or 70s WRT/WF co-enroll=50s)

Registration (SM7001) (Schedule on Advisor Dashboard): Res ____ Fee ____ Int ____ Prg ____ Purp ____ Typ ____ Adv ____

Student Unusual Action (SM5003): "B!" for BFET "OG" for OG "W!" for WRT (Stop Gap only)

Any other actions blocking registration? _____

Based on application information, this student could be eligible for:

BFET Opportunity Grant Worker Retraining WorkFirst (Share a copy of this application with each potential program)