

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):** \_\_\_\_\_**Total Household Size:** \_\_\_\_\_ **Number of Adults:** \_\_\_\_\_ **Number of Children:** \_\_\_\_\_**Number of children:** 0-5 years: \_\_\_\_\_ 6-12 years: \_\_\_\_\_ 13-18 years: \_\_\_\_\_**EDUCATION INFORMATION****Program of Study:** \_\_\_\_\_  BAS  AAS  Certificate  Other**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  No**Are you currently enrolled in classes at CBC?:**  Yes  No**What 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:**

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**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?**

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## FINANCIAL INFORMATION

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

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: \_\_\_\_\_

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 your career goals, including:

Short-Term Goals (0-2 years): \_\_\_\_\_

Long-Term 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?

## Recommended services and referrals to address challenges:

# 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.  
(Type 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: \_\_\_\_\_

# 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-H2, Pasco, WA 99301  
H Building (HUB) Room 208 (Across from the CBC Bookstore)  
Phone: (509) 542-4719

## THE AREA BELOW IS FOR OFFICE USE ONLY

Reviewed By (int): \_\_\_\_\_ Date: \_\_\_\_\_

Training Program: \_\_\_\_\_  Prerequisites  Certificate  AAS  BAS

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) Adv Id \_\_\_\_\_ Stu Typ \_\_\_\_\_

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)