



# Universal Application for Grant Services

BFET • Worker Retraining • WorkFirst • Opportunity Grant • Passport

<b>Staff Use Only</b>	<input type="checkbox"/> WF _____	<input type="checkbox"/> BFET _____	<input type="checkbox"/> WRT _____	<input type="checkbox"/> OG _____	<input type="checkbox"/> PP _____
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## Applicant Information

Name	SSN	ctcLink ID
Mailing Address	City	State      Zip
Preferred Phone	Second Phone	Date of Birth
Email	Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	At any time since you turned age 13 were you in foster care? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you lived in WA State for at least 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you currently enrolled in classes? <input type="checkbox"/> Yes <input type="checkbox"/> No	When did you start? <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer <b>Year:</b>

## Financial & Employment

Household size, including yourself?	Family's gross monthly income?	Have you applied for your FAFSA? <input type="checkbox"/> Yes <input type="checkbox"/> No	If <b>yes</b> , were you required to include your parents' income? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you receiving federal Basic Food (food stamps)? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you receiving TANF? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you working with any of the following programs? <input type="checkbox"/> WorkSource <input type="checkbox"/> Opportunity Grant: currently or in the past	
Are you a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No      Honorably discharged in the past 48 months? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you currently receiving, or have you in the past 4 years received, unemployment?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you eligible for unemployment?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you exhausted unemployment benefits within the past 48 months?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you become a displaced homemaker in the past 24 months? (Loss of primary income through death, divorce or disability of the main breadwinner)		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Were you self-employed, but now unemployed due to economic factors?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you currently employed?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, who is your employer?		Hours per week:	
What is your title and job duties ?			

## Education

Level/s of Education Completed (check all that apply): <input type="checkbox"/> HS Diploma/GED <input type="checkbox"/> Certificate* <input type="checkbox"/> 2 year college degree* <input type="checkbox"/> 4 year college degree* <input type="checkbox"/> Other* *What certificate/degree/other?	Are you currently working on: HS Completion <input type="checkbox"/> Yes <input type="checkbox"/> No GED <input type="checkbox"/> Yes <input type="checkbox"/> No ELA <input type="checkbox"/> Yes <input type="checkbox"/> No ABE <input type="checkbox"/> Yes <input type="checkbox"/> No
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Please list any other college you have attended:	Area(s) of study, regardless of completion:
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## Education continued

Please mark your current or intended program of study:

- |  |  |
|--|--|
| <input type="checkbox"/> High School Completion/GED<br><input type="checkbox"/> Accounting/Tax AAS<br><input type="checkbox"/> Administrative Assistant AAS<br><input type="checkbox"/> Application Development AAS<br><input type="checkbox"/> Business Management AAS<br><input type="checkbox"/> Criminal Justice AAS<br><input type="checkbox"/> Diesel Equipment Technology AAS<br><input type="checkbox"/> Early Childhood Education AAS<br><input type="checkbox"/> Electronics, Robotics & Automation (ERA) AAS<br><input type="checkbox"/> Medical Administrative Assistant AAS<br><input type="checkbox"/> Medical Assistant AAS<br><input type="checkbox"/> Nursing AAS<br><input type="checkbox"/> Office Manager AAS<br><input type="checkbox"/> Substance Use Disorder Professional AAS<br><input type="checkbox"/> Welding Technology AAS<br><input type="checkbox"/> Accounting Clerk Certificate<br><input type="checkbox"/> Business Technology Certificate<br><input type="checkbox"/> Commercial Driver's License Certificate<br><input type="checkbox"/> EMT<br><input type="checkbox"/> Early Childhood Ed Initial Certificate | <input type="checkbox"/> Early Childhood Ed State Short Certificate<br><input type="checkbox"/> Early Childhood Ed Home Visitor/Family Engagement<br><input type="checkbox"/> Early Childhood Ed State Certificate<br><input type="checkbox"/> Home Care Aide Certificate<br><input type="checkbox"/> Industrial Trades Certificate<br><input type="checkbox"/> Medical Office Assistant Certificate<br><input type="checkbox"/> Medical Scribe Certificate<br><input type="checkbox"/> Nursing Assistant Certified<br><input type="checkbox"/> Office Applications Certificate; Basic and Advanced<br><input type="checkbox"/> Office Applications Certificate; Stacked<br><input type="checkbox"/> Office Assistant Certificate<br><input type="checkbox"/> Phlebotomy Certificate<br><input type="checkbox"/> Retail Management Certificate<br><input type="checkbox"/> Welding Certificate<br><input type="checkbox"/> Welding (Evening) Certificate |
|  | <input type="checkbox"/> AA/Transfer _____<br><input type="checkbox"/> AS/Transfer _____<br><input type="checkbox"/> Bachelor's Program _____<br><input type="checkbox"/> Other _____  |

What are your support needs?

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Academic Advising | <input type="checkbox"/> Study Skills                  | <input type="checkbox"/> Other: <i>Please describe</i> |
| <input type="checkbox"/> Financial Aid     | <input type="checkbox"/> Career Development/Counseling |  |
| <input type="checkbox"/> Tutoring          | <input type="checkbox"/> Childcare/Childcare Funding   |  |

Do you have any physical or mental impairment which substantially limits one or more major life activities, such as seeing, hearing, speaking, walking, learning, working, etc.?  Yes  No

How did you hear about our services (Worker Retraining, WorkFirst, Opportunity Grant, BFET)?

- |                                     |  |  |
|-------------------------------------|--|--|
| <input type="checkbox"/> Facebook   | <input type="checkbox"/> CC Financial Aid Office   | <input type="checkbox"/> Start Next Quarter        |
| <input type="checkbox"/> Newspaper  | <input type="checkbox"/> Centralia College Website | <input type="checkbox"/> Other: <i>Please list</i> |
| <input type="checkbox"/> WorkSource | <input type="checkbox"/> DSHS                      |  |

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*Applicant Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Staff Signature*

\_\_\_\_\_  
*Date*