



Universal Application for Grant Services

BFET • Worker Retraining • WorkFirst • Opportunity Grant • Passport • Early Achievers

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

Full 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 Year:

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 yes , 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 48 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 position title?			

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

- | | | |
|---------------------------------------|--|---|
| <input type="checkbox"/> Social Media | <input type="checkbox"/> CC Financial Aid Office | <input type="checkbox"/> CC Staff Member/Instructor/Coach |
| <input type="checkbox"/> WorkSource | <input type="checkbox"/> CC Advising Office | <input type="checkbox"/> Start Next Quarter Survey |
| <input type="checkbox"/> DSHS | <input type="checkbox"/> Centralia College Website | <input type="checkbox"/> Other: <i>Please list</i> |

Applicant Signature

Date

Staff Signature

Date