



# Universal Application for Grant Services

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

<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 _____	<input type="checkbox"/> EAG _____
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## Applicant Information

Full Name:	SSN:	ctcLink ID:
Mailing Address:	City:	State: Zip:
Preferred Phone:	Second Phone (if applicable):	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/will 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 & dependents:	Family's gross <b>monthly</b> income?	Have you completed 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 48 months? (Loss of primary income through death, divorce or disability of the main income earner)		<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 <b>currently</b> 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/ELA<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 Admin/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-- <i>(Not admitting for 25/26)</i><br><input type="checkbox"/> Medical Assistant AAS<br><input type="checkbox"/> Nursing Pre-Requisites<br><input type="checkbox"/> Registered Nursing AAS-T<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"/> (CDL) Commercial Driver's License<br><input type="checkbox"/> Criminal Investigaton Certificate<br><input type="checkbox"/> EMT (Emergency Medical Technician) | <input type="checkbox"/> Early Childhood Ed Initial Certificate<br><input type="checkbox"/> Early Childhood Ed Short State Certificate<br><input type="checkbox"/> Early Childhood Ed State Certificate<br><input type="checkbox"/> Industrial Trades Certificate<br><input type="checkbox"/> Diesel or ERA Track<br><input type="checkbox"/> Welding Track<br><input type="checkbox"/> Medical Office Assistant Certificate-- <i>(Not admitting for 25/26)</i><br><input type="checkbox"/> Medical Scribe Certificate-- <i>(Not admitting for 25/26)</i><br><input type="checkbox"/> Nursing Assistant Certified (NAC/CNA)<br><input type="checkbox"/> Office Assistant Certificate<br><input type="checkbox"/> Phlebotomy Certificate (1 year)<br><input type="checkbox"/> Phlebotomy for Healthcare Workers Certificate (1 Quarter)<br><input type="checkbox"/> Retail Management Certificate-- <i>(Not admitting for 25/26)</i><br><input type="checkbox"/> Welding Certificate<br><input type="checkbox"/> Welding (Evening) Certificate |
|   | <input type="checkbox"/> AA/Transfer (DTA) _____<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 (BFET, Worker Retraining, WorkFirst, Opp Grant, or Early Achievers)?

- |                                     |  |   |
|-------------------------------------|--|---|
| <input type="checkbox"/> WorkSource | <input type="checkbox"/> CC Financial Aid Office   | <input type="checkbox"/> CC Staff Member/Instructor/Coach       |
| <input type="checkbox"/> DSHS       | <input type="checkbox"/> CC Advising Office        | <input type="checkbox"/> Another Student/Family Member referral |
| <input type="checkbox"/> CC Website | <input type="checkbox"/> Start Next Quarter Survey | <input type="checkbox"/> Other: <i>Please list</i>              |

\_\_\_\_\_  
*Applicant Signature*

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

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

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