

SHORELINE COMMUNITY COLLEGE

Opportunity Grant

APPLICANT INFORMATION

Today's date		Program of Study	
Name:		Native language:	
Date of birth:	Phone number:		
Current address:			
City, State:	Zip code:	Email address:	
Social Security Number			
Student ID		How long have you lived in WA?	

EMPLOYMENT INFORMATION

Current employer:		Dates of employment:	
Position:	<i>(Please circle)</i> Hourly Salary	Monthly Wage:	

EDUCATION INFORMATION

Do you have a High School Diploma or GED?	
Have you earned an Associates Degree or higher in the U.S.?	

SOCIAL SERVICES INFORMATION

Are you receiving any other financial assistance or social services?
--

FAMILY INFORMATION

Annual Gross Household Income (include any untaxed income as well)		
How many people are in your family or household including yourself?		Total number:
Name and relation:		
Name and relation:		
Do you have any children living with you?		How Many?
Name and age:		Name and age:
Name and age:		Name and age:

PROGRAM INFORMATION

Please describe your educational/ technical background and what you intend to do with your future education. Identify your intended program of study. You will need to provide an advising planning sheet, signed by your advisor and included in this application on the last page.

SHORELINE COMMUNITY COLLEGE

Opportunity Grant

PROGRAM INFORMATION CONTINUED

Where did you hear about this training program? (Please check)

- Case Manager, WorkSource, School, Poster, Friend/Family, Other

SIGNATURE AND RELEASE

Social Security Number:

I hereby give Shoreline Community College permission to use the information I have provided and information collected by state agencies on my employment and further education and/or training once I leave this training program.

Signature of applicant:

Date:

I hereby authorize the Director of Opportunity Grant release to discuss my financial aid information with faculty advisors for the purpose of securing all possible resources for my success as a student.

Signature of applicant:

Date:

STAFF USE ONLY

Customer meets basic eligibility for Opportunity Grant? (Please circle) Yes No

Customer meets basic eligibility for the Workforce Investment Act? (Please circle) Yes No

CASAS Score and test: _____

Any issues that may assist or challenge student's success (e.g. prior experience in auto field):

Case Manager assigned to: _____

Signature of staff person:

Date:

SHORELINE COMMUNITY COLLEGE

Opportunity Grant

THIS GRANT CAN PAY FOR 45 CREDITS OF TUITION, SUPPLIES AND SOME EMERGENCY SITUATIONS.

Below please indicate your credit load for each of the three quarters listed. You will need a planning sheet signed by your advisor for the quarters covered by the Opportunity Grant.

Table with 3 columns: Fall 200_, Winter 200_, Spring 200_ and 3 rows: Summer 200_, Fall 200_, Winter 200_

TUITION

You are required to fill out the FAFSA before receiving the Opportunity Grant.

Table with 3 columns: I have completed the FAFSA:, Yes, No and 3 rows: I need help with my FAFSA:, Yes, No

You are required to provide a planning sheet for the 45 credits the OG will be paying for. Please provide your advisors name and contact information.

YOU WILL NOT BE ELIGIBLE FOR AN OPPORTUNITY GRANT WITHOUT COMPLETING A FAFSA, AND PROVIDING AN ADVISORY PLANNING SHEET

BOOKS AND TOOLS

Up to \$1000.00 can be used for Books and Tools. Please indicate which category you will be using this money for:

Table with 2 columns: Books, Tools

This Opportunity Grant money will be divided equally between the quarters unless otherwise requested. If you would like another arrangement (other than divided by quarter) please describe your request below:

EMERGENCY REQUESTS

The Opportunity Grant can pay for Emergency Situations for a situation that happens once during the time covered in your 45 credit planning sheet, and creates a barrier to your education. If you are not sure what might constitutes an emergency, please talk with an Opportunity Grant administrator. You will be requested to fill out an Opportunity Emergency Request form in such a situation.

OFFICE USE

Student has supplied adequate information
Date

Student needs additional information - describe:

Date

Date



Opportunity Grant

Plan of Study

To receive the Opportunity Grant (OG) for 45 credits, please meet with your faculty advisor and fill out the following form together. It is possible to attend over a 3 year period. If you need more room to cover more quarters, please attach an additional sheet. OG will only pay for a maximum of 15 credits each quarter unless otherwise arranged with the OG Coordinator.

1. Name of your degree at
Shoreline _____
2. Quarter and Year you will complete your degree at
Shoreline _____
3. List below the classes you will need.
4. After your academic advisor signs this form, please bring it to the OG office.

Name (please print) _____ student ID 965- _____

Summer 200__	Name and Course #	Credits	Fall 200__	Name and Course #	Credits
<i>Total Credits:</i>			<i>Total Credits:</i>		
Winter 200__	Name and Course #	Credits	Spring 200__	Name and Course #	Credits
<i>Total Credits:</i>			<i>Total Credits:</i>		

Student's signature

date

Print Academic Advisor's name

Academic Advisor's signature

date