

# Shoreline Community College

## Opportunity Grant

**DIRECTIONS:**

**DATE:** \_\_\_\_\_

- Complete this form in ink
- Attach proof of current income (copies of Income Tax forms, Pay stubs, W2 )
- Please, **DO NOT LEAVE ANY QUESTIONS BLANK**

**A. PERSONAL INFORMATION:**

Name: \_\_\_\_\_  
(Last) (First) (M.I.)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Shoreline C.C. Student I.D.# \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**B. ELIGIBILITY INFORMATION:**

RESIDENCY INFORMATION	
Are you a resident of Washington State? <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of years in Washington State:
Have you completed a file for Financial Aid? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date completed:
EDUCATION INFORMATION	
Do you have a High School Diploma or GED? <input type="checkbox"/> Yes <input type="checkbox"/> No	Native Language:
Have you earned an Associate's Degree or higher in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	Program of Interest:
Number of credits earned:	
SOCIAL SERVICES INFORMATION	
Are you receiving TANF <input type="checkbox"/> Yes <input type="checkbox"/> No Basic Food Assistance <input type="checkbox"/> Yes <input type="checkbox"/> No Unemployment Insurance <input type="checkbox"/> Yes <input type="checkbox"/> No	
Other:	
FAMILY INFORMATION	
How many people are in your family or household <b>including you?</b>	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:

List your current monthly family income (use gross (before taxes – **not net**):

Your earnings from work:	\$ _____	Basic Food Assist:	\$ _____
Spouse's work earnings:	\$ _____	TANF:	\$ _____
Unemployment Benefits:	\$ _____	Veteran's Benefits:	\$ _____
Social Security Benefits:	\$ _____	Other Income:	\$ _____
<b>TOTAL FAMILY MONTHLY INCOME:</b>			\$ _____

**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 also need to provide a signed "Plan of Study" signed by your advisor and included in this application.

[Empty space for program information]

**EMPLOYMENT INFORMATION**

Current employer:		Dates of employment:
Position:	(Please circle) Hourly      Salary	Monthly Wage:

**REFERRAL INFORMATION**

**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. I understand that this information will be used to improve the quality of this program for future students and that I will not necessarily benefit directly. All information about me and my job and education and/or training outcomes will be kept strictly confidential and will be used for evaluation purposes. I understand that I do not have to give this information if I do not want to. I understand that my release of information can be revoked in the future by submitting a signed, written statement. I also understand that outside of this release the law protects the continued confidentiality of my records.

Signature of applicant:

Date:

**C. CERTIFICATION:**

*I certify that the information contained on this form is true and correct.*

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Revised 8/2010*

**OFFICE USE ONLY**

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**Eligibility (Opportunity Grant Program Specialist)**

Eligible Professional/Technical Program:             Yes     No  
Quarterly Plan of Study Worksheet completed:         Yes     No  
Income below 200% of poverty level:                 Yes     No

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Program Specialist's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

.....

**Eligibility (Financial Aid Office):**

FAFSA/Data Sheet completed:                         Yes     No  
Financial Need established:                             Yes     No  
Receiving Financial Aid:                                 Yes     No

Eligible     Non Eligible (Reason): \_\_\_\_\_

FAO Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**AWARDS:**

<u>Quarter</u>	<u>#Credits</u>	<u>Tuition</u>	<u>Books</u>	<u>Other</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**CASAS SCORES:**

<u>Date:</u>	<u>Score:</u>	<u>Comments:</u>



# 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 Program Specialist.

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 each quarter.
4. After your academic advisor completes and signs this form, please bring the completed application to the OG Program Specialist: Victoria Lauber – Room 5101 – 206.546.4695

Summer 201__	Name and Course #	Credits	Fall 201__	Name and Course #	Credits
<i>Total Credits:</i>			<i>Total Credits:</i>		
Winter 201__	Name and Course #	Credits	Spring 201__	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