

Shoreline Community College
FOUNDATION

**DISLOCATED WORKER
SCHOLARSHIP**

The Dislocated Worker Scholarship was established to assist students who are continuing their studies at SCC. The Shoreline Community College Foundation is offering two individual scholarships of \$2,000 each for students who are recently unemployed and have exhausted their Workforce Training funds.

Scholarships are for SCC tuition, and/or books and required materials available through the SCC Bookstore; and have no cash exchange value and are non-transferable. The award must be completed by winter 2013.

Criteria for Eligibility

- Be a U.S. citizen or permanent resident.
- Be within one or two quarters of graduation from SCC at time of application.
- Be a continuing SCC Professional-Technical student during the 2012-2013 school year and will enroll full-time (minimum of 12 credits).
- Have a minimum SCC GPA of 3.0.
- Be currently dislocated from your job (not eligible if terminated or voluntarily left a job).
- Have completed the Free Application for Federal Student Aid (FAFSA) and any other required SCC financial aid forms for 2012-2013.

Application Procedures

To be considered, each applicant must submit **2** copies of the following in collated packets:

- Completed application
- Completed Budget Worksheet (attached)
- Completed Triage Form (attached) – signed by Workforce Program staff.
- Unofficial Shoreline Community College transcript through winter 2012.
- One page personal essay stating your qualifications, including:
Career interests, personal background, educational goals.

Recipient will be required to attend the SCC Foundation award presentation.

DEADLINE: 4:00pm - Friday, April 6, 2012

AWARD PRESENTATION: May 16, 2012 at SCC Foundation Spring Scholarship Celebration.

16101 Greenwood Avenue North- room 1005

Shoreline, WA 98133-5696

(206) 533-6783 or (206) 546-4755

FOUNDATION

DISLOCATED WORKER SCHOLARSHIP APPLICATION

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- Completed Budget Worksheet (attached)
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- One page personal essay stating your qualifications, including:
Career interests, personal background, educational goals.

NAME _____ **PHONE** _____
Last First Middle

ADDRESS _____
Street City State Zip

EMAIL _____ **BIRTHDATE** _____ **M** ____ **F** ____

SCC STUDENT # _____

EXPECTED DATE OF COMPLETION OF SCC PRGRAM **Month** _____ **Year** _____

EXPECTED CERTIFICATE/DEGREE _____

I certify that the information provided in this application and all attachments are accurate and complete. By applying, I certify that I meet the qualifications and requirements. I authorize the SCC Foundation to verify any and all submitted information through appropriate means. I also authorize this information to be released to individual contributors and selection committees in addition to the SCC Foundation. I understand that submission of this application authorizes Shoreline Community College and SCC Foundation the right to use my name, application materials and images for publications, reports and press releases in any media. I understand that scholarships may possibly affect need based aid awarded by the College.

I agree to attend the SCC Foundation award presentation.

Failure to meet any of the above may result in forfeiture of any scholarship awarded.

signature date

To be eligible for consideration, applications and all required material are due in the SCC Foundation office by the indicated deadline. Applications and materials must be submitted as complete packets.

SCC FOUNDATION
16101 Greenwood Avenue North – room 1005
Seattle, WA 98133-5696
(206) 533-6783 or (206) 546-4755

DEADLINE TO APPLY: 4:00 pm - April 6, 2012

BUDGET WORKSHEET

Name _____ Student # _____ Date _____

INCOME AND OTHER RESOURCES	MONTHLY AMOUNT	ESTIMATED EXPENSES	MONTHLY AMOUNT
FAMILY INCOME		HOUSING AND FOOD	
Student's Net Income		Rent/Mortgage	
Other income		Utilities	
Assistance from others		Telephone/Cell Phone	
		Cable/Internet	
		Food	
OTHER RESOURCES			
<small>(Federal Financial Aid in separate section)</small>			
Public Assistance		PERSONAL	
Food Stamps		Clothing	
Veteran's benefits		Entertainment	
Social Security		Medical/Dental	
Unemployment		Child Care	
Alimony		Personal misc	
Child Support		Credit Card(s)	
DVR			
		TRANSPORTATION	
Other		Bus	
		Car	
		Gas	
		Maintenance	
		Insurance	
		Payment	
		Parking Permit	
		OTHER	
TOTAL MONTHLY INCOME	A) \$	TOTAL MONTHLY EXPENSES	A) \$
QUARTERLY INCOME (3 months)	B) \$	QUARTERLY EXPENSES (3 months)	B) \$
FINANCIAL AID	Quarterly Amount	EDUCATION EXPENSES	Quarterly Amount
Grants		Tuition & Fees	
Scholarships		Books	
Work Study		Supplies	
Worker Retraining		Testing Fees	
FSET		Other	
Loans			
Total Financial Aid	C) \$	Total Education Expenses	C) \$
Savings			
TOTAL QUARTERLY INCOME (B + C)		TOTAL QUARTERLY EXPENSES (B + C)	



Shoreline Community College *WORKFORCE PROGRAMS*

FUNDING ELIGIBILITY QUESTIONNAIRE

Name: _____ SID/SS# _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Cell: _____ Email: _____

Best time/way to contact you: _____

How did you hear about our programs? _____

SO THAT WE MAY ASSIST YOU IN FINDING ALL POSSIBLE FUNDING SOURCES FOR YOUR TRAINING, PLEASE ANSWER THE FOLLOWING:

1. Are you collecting unemployment benefits or have you exhausted them in the last 2 years? Yes No
2. Are you currently receiving any public assistance? Yes No (If yes, check or write in source below)
Food Stamps Cash Assistance/TANF Medical Other: _____
3. Are you currently employed? Yes No If yes, Current salary: _____ Hours per week: _____
4. Are you currently working, but in danger of losing your job because your skill levels are not adequate for your position? Yes No
5. Do you have children? Yes No How many? _____ Their ages: _____
6. How many family members in your household? ____ Total gross income per month _____
7. Have you had your own business within the last 2 years? Yes No
8. Are you a displaced homemaker who has been dependent on the income of another family member who is no longer providing that income or support? Yes No
9. Are you a veteran who has been honorably discharged with the last **24** months? Yes No
10. What do you plan to study at Shoreline CC? _____

*****Office use only - do not write on this side*****

PROGRAM REVIEW SIGN-OFF

WORKER RETRAINING

Reviewed by _____

Signature: _____ Date: _____

Notes: _____

WORKFIRST

Reviewed by _____

Signature: _____ Date: _____

NOTES: _____

BFET

Reviewed by _____

Signature: _____ Date: _____

NOTES: _____

OPPORTUNITY GRANT

Reviewed by _____

Signature: _____ Date: _____

NOTES: _____