| Shoreline Community College opp_logo_1line_2 |
| --- |

**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? ❒ Yes ❒ No | Number of years in Washington State: | | |
| Have you completed a file for Financial Aid? ❒ Yes ❒ No | Date completed: | | |
| EDUCATION Information | | | |
| Do you have a High School Diploma or GED? ❒ Yes ❒ No Native Language: | | | |
| Have you earned an Associate’s Degree or higher in the U.S.? ❒ Yes ❒ No Number of credits earned: | Program of Interest: | | |
| Social Services information | | | |
| Are you receiving TANF ❒ Yes ❒ No Basic Food Assistance ❒ Yes ❒ No Unemployment Insurance ❒ Yes ❒ No  Other: | | | |
| FAMILY INFORMATION | | | |
| How many people are in your family or household **including you?** | | | 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: $

***TOTAL FAMILY MONTHLY INCOME:*** $

|  |
| --- |
| 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. |
|  |

|  |  |  |
| --- | --- | --- |
| 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**

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

**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:

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

**AWARDS:**

Quarter #Credits Tuition Books Other

***CASAS SCORES:***

Date: Score: Comments:



### 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 |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| *Total Credits:* |  | *Total Credits:* |  |
|  |  |  |  |
| **Winter 201\_\_** *Name and Course #* | Credits | **Spring 201\_\_** *Name and Course #* | Credits |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| *Total Credits:* |  | *Total Credits:* |  |

Student’s signaturedate

**Print Academic Advisor’s name**

Academic Advisor’s signature date