



SHORELINE COMMUNITY COLLEGE

WORKER RETRAINING PROGRAM

INTAKE FORM

"The Building Block to Your Future"

NAME: _____ SID#: _____

DATE: _____ WRT STAFF: _____

PROGRAM OF STUDY: _____

START QUARTER: _____

ESTIMATED END QUARTER: _____

EVIDENCE OF ABILITY TO COMPLETE PROPOSED PROGRAM OF STUDY:

- _____ Completion of college-level coursework in past
- _____ Appropriate Asset/Compass Test Scores
- _____ Other

EVIDENCE OF ABILITY TO FIND EMPLOYMENT IN PROPOSED OCCUPATION:

- _____ Prior Work Experience in new field: _____
- _____ Volunteer Work Experience (Position: _____ # of months: _____)
- _____ Hobbies (Type: _____ # of years: _____)
- _____ Vocational Testing (Type: _____)

POTENTIAL BARRIERS TO COMPLETION/EMPLOYMENT:

- _____ Low reading/writing skills
- _____ Low math skills
- _____ Low ESL level
- _____ Lack of computer skills
- _____ Lack of job search or interviewing skills
- _____ Lack of resume/cover letter
- _____ Health/disability issues
- _____ Legal issues
- _____ Housing issues
- _____ Transportation issues
- _____ Child care issues

Entered By: _____ Date Entered: _____

Based on the eligibility definitions for the program, see the Information Booklet on page 2, I am applying to the Shoreline Community College Worker Retraining Program as a:

- _____ Dislocated Worker (80)
- _____ Temporary Part-time Worker (81)
- _____ Stop-Gap Employment (81-W!)
- _____ Non-Dislocated Worker Receiving UI (82)
- _____ Displaced Homemaker (83)
- _____ Unemployed formerly Self-employed Person (84)
- _____ Boeing Displaced Worker (85)
- _____ Vulnerable/Incumbent Worker (86)
- _____ Disaster-impacted Worker (87)
- _____ Honorably Discharged Veteran (88)
- _____ Active-Duty Military w/Separation Order (89)

I certify that the information provided is complete and correct to the best of my knowledge.

Signature

Date

Shoreline Community College provides equal opportunity in education and employment WF-022507

For Office Use Only:

<p>The applicant _____ does _____ does not meet the eligibility requirements. S/he has been _____ unemployed _____ underemployed for _____ years.</p> <p>Signature of ES Representative: _____ Date: _____.</p> <p>Comments: _____ _____ _____</p>
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Entered By: _____ Date Entered: _____



SHORELINE COMMUNITY COLLEGE WORKER RETRAINING PROGRAM

INFORMATION RELEASE

"The Building Block to Your Future"

I, _____,
(print full name)

hereby authorize Shoreline Community College to exchange information regarding my personal, educational, and employment records and activities as it relates to eligibility and participation in Shoreline Community College's Workforce training programs with the following organizations:

- _____ My current and potential Shoreline Community College instructors
- _____ Washington State Employment Security Department (ES)
- _____ Worker Retraining Funding Sources (King County Dislocated Workers or WIA Agency)
- _____ Financial Aid Office (FAFSA, SEOG, SNG, PELL, Tuition Waiver, WorkStudy)
- _____ Boeing-related Funding Sources (QTTP, TAA/NAFTA)
- _____ Department of Social and Health Services (DSHS)
- _____ Department of Vocational Rehabilitation (DVR) or Labor & Industries (L&I)
- _____ Department of Defense and/or Veteran's Administration
- _____ Other: _____

I understand that my release of information is specifically to the organizations listed above and 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: _____

Date: _____ SID#: _____

Shoreline Community College provides equal opportunity in education and employment WD-022507

Entered By: _____ Date Entered: _____

4/1/2020



SHORELINE COMMUNITY COLLEGE

WORKER RETRAINING PROGRAM

PROPOSED COURSE OF STUDY

NAME: _____

SID#: _____

PROGRAM OF STUDY: _____

OF QUARTERS: _____

START QUARTER: _____

EST. END QUARTER: _____

This is meant to be completed with your grant specialist. Please refrain from completing on your own.

PRE-REQUISITES:

Course	Quarter Completed

Course	Quarter Completed

COURSE PLAN:

Summer	Fall	Winter	Spring	20
Course				Credits
Total Credits:				

Summer	Fall	Winter	Spring	20
Course				Credits
Total Credits:				

Summer	Fall	Winter	Spring	20
Course				Credits
Total Credits:				

Summer	Fall	Winter	Spring	20
Course				Credits
Total Credits:				

Summer	Fall	Winter	Spring	20
Course				Credits
Total Credits:				

Summer	Fall	Winter	Spring	20
Course				Credits
Total Credits:				

Summer	Fall	Winter	Spring	20
Course				Credits
Total Credits:				

Summer	Fall	Winter	Spring	20
Course				Credits
Total Credits:				

Summer	Fall	Winter	Spring	20
Course				Credits
Total Credits:				

Summer	Fall	Winter	Spring	20
Course				Credits
Total Credits:				

Entered By: _____

Date Entered: _____

Student Identification Number							

Social Security Number							

Important: To comply with federal laws, we are required to ask for your Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN). We will use your SSN/ITIN to comply with federal and state reporting requirements and to conduct institutional research. If you do not submit your SSN/ITIN, you will not be denied access to the college. Pursuant to state and federal law, the college will protect your SSN from unauthorized use and/or disclosure.

Quarter of Registration:	
<input type="checkbox"/> Summer	<input type="checkbox"/> Fall
<input type="checkbox"/> Winter	<input type="checkbox"/> Spring
20 ____	



Class Registration Form

Fill out with Grant Specialist

Advisor code: _____ Major code: _____

Last name (please print clearly)		First	Middle Initial	Daytime phone () ()	Evening phone () ()	E-mail address
Address (number and street, route and box or P.O.)		Apt. no.	City	State	Zip	NEW ADDRESS? <input type="checkbox"/> Yes <input type="checkbox"/> No

The college appreciates your response to the following questions. All information will be maintained with the strictest confidentiality.

How will your course work relate to your current or future work? Select the number that BEST applies to you. Write your answer in the square: 11 Gain skills for a new job or career 12 Gain skills for my current job or career 13 Improve skills for a career change 14 Does not apply 90 Other	What is your main long term goal for attending this community college? Select the number that BEST applies to you. Write your answer in the square: 11 Take courses related to current or future work 12 Transfer to a four-year college 13 High school diploma or GED 14 Explore career direction 15 Personal enrichment 90 Other	What is your sexual orientation? Select the number that BEST applies to you. Write your answer in the square: 11 Bisexual 12 Gay 13 Lesbian 14 Queer 15 Straight/heterosexual 16 Prefer not to answer 90 Other	What is your gender identity? Select the number that BEST applies to you. Write your answer in the square: 11 Feminine 12 Masculine 13 Androgynous 14 Gender neutral 15 Transgender 16 Prefer not to answer 90 Other
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CLEARLY PRINT CLASS SCHEDULE BELOW (Registration processed by item number)

Item number	Course and number	Section	No. of credits	Room	Time	Days	Check if audit*
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>
							<input type="checkbox"/>

How long do you plan to attend Shoreline Community College?

Select the number that BEST applies to you. Write your answer in the square:

- 11 One quarter
12 Two quarters
13 One year
14 Up to two years, no degree planned
15 Long enough to complete a degree
16 Don't know
90 Other

What is your current work status while attending college?

Select the number that BEST applies to you. Write your answer in the square:

- 11 Full-time homemaker
12 Full-time employment (including self-employed and military)
13 Part-time off-campus
14 Part-time on-campus
15 Not employed, but seeking employment
16 Not employed, not seeking employment
90 Other

What is your prior level of education at entry to Shoreline?

Select the number that BEST applies to you. Write your answer in the square:

- 11 Less than high school graduation
12 GED
13 High school graduate
14 Some post high school, but no degree or certificate
15 Certificate (less than two years)
16 Associate degree
17 Bachelor's degree or above
90 Other

What was your family status when you started at the community college? Were you... (select only one best response)

Select the number that BEST applies to you. Write your answer in the square:

- 11 A single parent with children or other dependents in your care
12 A couple with children or other dependents in your care
13 Without children or other dependents in your care
90 Other

Do you have a physical or mental impairment which substantially limits one or more major life activities such as seeing, hearing, speaking, walking, learning or working? ☐ Yes ☐ No

If you need accommodations please contact the Office of Special Services at 206-546-4545 for information, resources and services.

Advisor's signature _____ Date _____

I accept responsibility for the choice of classes listed above.

Student signature _____

Date _____

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_____ Res _____ FPS

Total credits:

By:

REFUND POLICY: Please see the quarterly class schedule for complete refund information.

Shoreline Community College provides equal opportunity in education regardless of race, ethnicity, creed, color, national origin, sex, marital status, sexual orientation, age, religion, genetic information, gender identity, veteran status or the presence of any sensory, mental, or physical disability.