



Quarter \_\_\_\_\_

## Early Achievers Grant Student Contract

As an Early Achievers Grant student at Grays Harbor College,

I \_\_\_\_\_ agree to the following responsibilities:

*Student's Name*

My signature below indicates that I understand and agree that:

1. I am responsible for attending all my classes regularly.
2. I will let my Grays Harbor College Case Manager/Advisor know if I am struggling with classes as early as possible.
3. I am required to check in with my ECE Advisor (*Hannah Mechler*) each quarter.
  - a. I will meet with GHC Advisor prior to enrolling in classes each quarter.
  - b. I will contact my GHC Advisor before adding or withdrawing from classes.
4. I will schedule and attend a mid-quarter check in with my GHC Early Achievers Grant Advisor.
  - a.) I will make satisfactory academic progress by earning a 2.0 or better in my college level courses and will complete at least 50% of my enrolled credits.
  - b.) I will meet GHC Transitions Programs standards for attendance, participation, and progression.
5. I will check in with the Program Manager, (*STACEY QUARLES*) 3 times each quarter
 

*Program Manager's name*

  - a. 2 weeks in via phone/email to see how classes are going
  - b. Mid quarter do develop the following quarter's academic plan prior to withdrawal day
  - c. End of quarter to check on grades and submit appeals as necessary
6. I am responsible for maintaining up-to-date contact information with the Registration and Financial Aid offices.
7. I give permission for my name and picture to be used to publicize this scholarship program, or I will leave written instructions on file with my advisor regarding restrictions.
8. I hereby authorize the release of my academic records for the purpose of determining eligibility and accessing student services.

Your GHC Early Achievers Grant Advisor and Coordinator will:

- Assist you in developing an educational plan that meets the Early Achievers Grant guidelines.
- Ensure you are following your educational Pathway.
- Provide you with information, resources and assistance to help you be a successful student.

By signing this form, I agree to the above. I understand that the failure to meet the responsibilities identified above will result in a request for a meeting with your Early Achievers Grant advisor and Coordinator. Also by signing this form I authorize the Grays Harbor College Early Achievers Grant Program to access my student records. This information may be shared with my DSHS case manager and other contracted providers per my permission given on the DSHS Consent Form. Records will include but not be limited to: transcripts, quarterly registrations, financial aid records, and test scores. In addition, Grays Harbor College Early Achievers Grant Program may contact and gather information from faculty and/or college personnel (including Financial Aid, Registration, Disability Support Services and Student Advising).

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

Program Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_