**PERSONAL INFORMATION SECTION**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Legal Last Name: | | | Click or tap here to enter text. | | | | | Legal First Name: | | | | | | | Click or tap here to enter text. | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| Preferred Name: | | | Click or tap here to enter text. | | | | | Student ID #: | | | | Click or tap here to enter text. | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| Mailing Address: | | | Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | |
| (Number & Street) | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| City: | Click or tap here to enter text. | | | | | | | | | State: | State | | | | | | | Zip: | | | Zip | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| Phone: | | Click or tap here to enter text. | | | | | | | Date of Birth: | | | | Click or tap here to enter text. | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| Email\*: | | Click or tap here to enter text. | | | | | Are you a veteran? | | | | | | | Yes | | |  | | No | | |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| Have you been a Washington State resident for at least one year? | | | | | | | | | | | | | | Yes | | |  | | No | | |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| Are you currently receiving services from any of the following? Please check all that apply: | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| TANF |  | | Basic Food Assistance |  | | Unemployment | | | |  | SSI | | | | |  | | N/A | | | |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| Are you seeking an Early Achievers Grant to pursue an Early Childhood Education certification to maintain your current employment? Yes  No | | | | | | | | | | | | | | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| Total monthly household income: | | | | | $Click to enter text. | | | | | Number of Persons in Household: | | | | | | | | | | Enter # here. | | | |

|  |  |  |
| --- | --- | --- |
| Persons in Household | 200% Poverty Guidelines  Annual | 200% Poverty Guidelines  Monthly |
| 1 | $24,980 | $2,082 |
| 2 | $33,820 | $2,818 |
| 3 | $42,660 | $3,555 |
| 4 | $51,500 | $4,292 |
| 5 | $60,340 | $5,028 |
| 6 | $69,180 | $5,765 |
| 7 | $78,020 | $6,502 |
| 8 | $86,860 | $7,238 |
|  | Add 4,320 each person over 8 |  |

**EDUCATIONAL INFORMATION SECTION:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Please select which certificate, degree or pre-college program you are pursuing at GHC. | | | | | | |
| Chose Program Here: | Choose an item. | | | | | |
| *(Bachelor’s Worker Retraining Only)* |  | | | | | |
| What is your anticipated start Quarter? | Choose an item. | | | | | |
| What is your anticipated end date? | Click or tap here to enter text. Month/Year | | | | | |
| Are you a currently a registered GHC student? | | | Yes |  | No |  |
|  | | |  |  |  |  |
| Have you completed a college degree or certificate? | | | Yes |  | No |  |
| College degree or certification(s) obtained | | Click or tap here to enter text. | | | | |

**EMPLOYMENT INFORMATION SECTION:**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Current Employment: | Part-time | |  | Full-Time | |  | | None | |  | |
|  | | | | | | | | | | | |
| Current Employer: | Click or tap here to enter text. | | | | | | | | | | |
|  | | | | | | | | | | | |
| Hours per week: | | Click or tap here to enter text. | | | Wage per hour: | | $Click/tap here to enter text. | | | | |
|  | | | | | | | | | | | |
| Employer of last job held | | Click or tap here to enter text. | | | Position: | | Click or tap here to enter text. | | | | |
|  | | | | | | | | | | | |
| Have you received unemployment benefits within the last 48 months? | | | | | | Yes |  | | No | |  |
|  | | | | | | | | | | | |
| Have you been terminated, laid off, or received “notice of termination or layoff” and are unlikely to return to your usual occupation/industry? | | | | | | Yes |  | | No | |  |
|  | | | | | | | | | | | |
| Were you self-employed within the last 24 months? | | | | | | Yes |  | | No | |  |

**FINANCIAL ASSISTANCE Information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Have you applied for Financial Aid? | Yes |  | No |  |
|  |  |  |  |  |
| Which of the following is most likely to prevent you from being successful at school: Please check all that apply: | | | | |
|  | | | | |
| Lack of tuition funding  Lack of textbooks  Lack of Childcare  Lack of Housing | | | | |
| **Please tell us about why you are seeking our support at this time:** | | | | |
|  | | | | |
| Click or tap here to enter text. | | | | |
| Click or tap here to enter text. | | | | |
| Click or tap here to enter text. | | | | |

**AUTHORIZATION FOR RELEASE OF INFORMATION**

GHC staff adheres to Family Educational Rights and Privacy Act (FERPA) regulations regarding the privacy of student information. The information you give us is confidential. Your signature certifies that the information you provided is to the best of your knowledge. It also authorizes GHC staff to share information.

**Student Signature:** \_\_\_Click or tap here to enter text. **Date:** s

(Virtual signature) By checking this box, I agree that I have reviewed and complete this IEP with the student.

**Potential Additional information**

|  |
| --- |
| PLEASE READ THIS SECTION CAREFULLY:  **If you cannot answer yes to the following questions you DO NOT need to sign below**. You **MUST** answer **YES** to all the following questions before signing this area.   1. Have you been providing unpaid services to family member(s) in the home? Yes 2. Are you a dependent on the income of another family member but no longer supported by that income? Yes 3. Are you unemployed or underemployed and experiencing difficulty obtaining or upgrading   employment? Yes    **By signing below, I certify that ALL three questions above I have answered yes to, apply to me, and I am a displaced homemaker:**  Signature: Click or tap here to enter text.\_\_\_\_\_\_\_\_\_\_\_\_ Date Click or tap to enter a date.  (Virtual signature) By checking this box, I agree that I have reviewed and complete this IEP with the student. |

**Ability To Benefit**

ATB is for students who have not completed a High School credential (GED or Diploma) but would like to have access to financial aid and are academically ready to take non-high school classes. In addition to participating in an eligible career pathway program, students can become eligible for ATB by passing an approved test or successfully completing six college level credits. ATB allows a student to work on completing high school while receiving financial aid and moving forward on a career path.

Would you like to be considered for this program?

Do you already know about this program?

**For Office Use Only**Date of Receipt of Application: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notes:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Continuous Non-Discrimination Notice**

Grays Harbor College does not discriminate on the basis of race, color, national origin, sex, disability, sexual orientation, creed, religion, marital status, veteran status, genetics, or age in its programs, activities, and employment. The following person has been designated to handle inquiries regarding the non-discrimination policies:

|  |  |
| --- | --- |
| Title II/Section 504 Coordinator  Darin Jones, Chief Executive of Human Resources  Grays Harbor College  1620 Edward P. Smith Drive  Aberdeen, WA 98520  360-538-4234 | Title IX Coordinator  Dr. Jennifer Alt, Vice President for Student Services  Grays Harbor College  1620 Edward P. Smith Drive  Aberdeen, WA 98520  360-538-4066 |