



**Grays Harbor College (GHC)
Workforce Funding and Support Services Application**

PERSONAL INFORMATION SECTION

Legal Last Name: _____ Legal First Name: _____

Preferred Name: _____ Student ID #: _____ - _____ - _____

Mailing Address: _____
(Number & Street)

(City) (State) _____ (Zip) _____

Phone: (____) _____ Date of Birth: ____/____/____

Email*: _____ 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 Social Security Benefits

None of these apply to me

Total monthly household income: \$ _____

Persons in Household	200% Poverty Guidelines Annual	200% Poverty Guidelines Monthly
1	\$24,280	\$2,023
2	\$32,920	\$2,743
3	\$41,560	\$3,463
4	\$50,200	\$4,183
5	\$58,840	\$4,903
6	\$67,480	\$5,623
7	\$76,120	\$6,343
8	\$84,760	\$7,063
Add \$4,320 for each person over 8	\$ 4,320	\$ 360

EDUCATIONAL INFORMATION SECTION:

Please check which certificate, degree or pre-college program you are pursuing at GHC. The list below is the variety of programs that WorkForce Funding Program can *potentially* assist you with.

Accounting * Automotive * Bookkeeping * Business Management * Business Technology *
 Carpentry * Commercial Food Preparation and Service * Criminal Justice * Commercial
 Transportation and Maintenance * Diesel Technology * Early Childhood Education * Human Services *
 Medical Assistant * Welding * Medical Office Administrative Support * Nursing * Natural



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Resources* Occupational Entrepreneurship * Transitions Programs: High School 21+ * GED *
English Language Acquisition (ELA)

What is your program expected end date? 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 _____

EMPLOYMENT INFORMATION SECTION:

Current Employment: Part-time Full-Time None

Current Employer: _____

Hours per week: _____ Wage per hour \$: _____

Employer of last job held _____ Position: _____

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 or 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:

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: _____ **Date:** _____



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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 _____ Date _____

For Office Use Only

Date of Receipt of Application: _____

Notes: _____

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, religion, political beliefs, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call 800-795-3272 (voice) or 202-720-6382 (TTY). USDA is an equal opportunity provider and employer.