

# Opportunity Grant Application



## Applicant Information

Name:		
SSN:	SID:	Phone:
Current Address:		
City:	County:	Zip:
Email:	Cell Phone:	
Are you a resident of Washington state? (Please circle) Yes No (Proof of residency may be required)		

## Employment Information

Current Employer:		
Employer Address:		
City:	County:	Zip
Position:	Hourly Salary (Please circle)	Annual income:
<i>NOTE: Please provide pay stubs for you and your spouse/parent(s) for the two most recent months. Failure to provide this information will delay the application process and incomplete applications will not be processed.</i>		

## Spouse Employment Information

Current Employer:			
Employer Address:			
City:	County:	Zip:	Phone:
Position:		Annual income:	

## Household Information

Number of dependent children: _____	Number of dependent children in K – 6 <sup>th</sup> grades: _____
Number of dependent children < 5 years: _____	Total in household: _____

## Other Income

Temporary Aid Needy Family (TANF)	\$	Child Support/Reimbursement/Subsidize	\$
Child Support	\$	Refugee Assistance	\$
Supplemental Security Income (SSI)	\$	VA Disability or L&I	\$
Social Security	\$	Other (Specify) i.e. tribal funding, DVR, Food stamps...	\$
Unemployment Benefits	\$	<b>Total Monthly Gross Income</b>	\$

## Have you applied or receiving educational funding from any other source?

(Please circle) **YES** or **NO** If yes please circle what applies from the list below

Skill Source	Workforce(Worker Retraining)	Financial Aid	Scholarship
OIC	Other (i.e. reimbursement from employer)		

## Education History

Are you currently enrolled at SVI? (Please circle) <b>Yes</b> or <b>No</b>	Program enrolled:
Do you possess a certificate? (Please circle) <b>Yes</b> or <b>No</b> Do you possess a Degree? (Please circle) <b>Yes</b> or <b>No</b>	
What is your certificate or degree in?	

*I declare under penalty of perjury that the information given by me in this declaration is true, correct and complete to the best of my knowledge and realize that wilful falsification of this information by me may subject me to penalties as provided in Washington State Law. RCW 74.06.055 I hereby authorize my employer, DSHS, Child Care Provider, the Employment Security Department, Skill Source, OIC and Seattle Central Community College to release and exchange information from my records for the purpose of determining eligibility for the Tuition Assistance for Working Parents Program and/or Opportunity Grant to facilitate my enrolment, participation, education and financial services.*

*\*Financial assistance above and beyond traditional aid for tuition, books, fees, supplies and equipment may need to be reported as taxable income.*

Student Signature:	Date:
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