

# New Student Intake & Workforce Application

Name: (Last, First)	Student ID #:
Address:	City:
State: Zip:	<input type="checkbox"/> Receiving Basic Food Benefits? (Food Stamps/SNAP) <input type="checkbox"/> Yes <input type="checkbox"/> No DSHS/EJAS ID#:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Receiving TANF Benefits? (DSHS Cash Assistance) CM/SW Name: Phone: CSO:
SS#:	Date of Birth:
Home Phone:	Cell Phone:
Email Address:	

## Types of Assistance Requested

☐ Tuition ☐ Books ☐ Childcare ☐ Transportation (*Worker Retaining Only*) ☐ Basic Food Benefits

Program/Class Interest: \_\_\_\_\_ ☐ Degree ☐ Certificate

Anticipated Enrollment: ☐ Fall ☐ Winter ☐ Spring ☐ Summer 20\_\_\_\_\_

Compass/DSP Testing Date: \_\_\_\_\_ Scores: English \_\_\_\_\_ Math \_\_\_\_\_

## Household Information

Marital Status: ☐ Single ☐ Married ☐ Separated/Divorced/Widowed

Current number of people you financially support in your household: \_\_\_\_\_ (*Total in Household*)

Adults \_\_\_\_\_ 0-5 Yrs Children \_\_\_\_\_ K-6th Children: \_\_\_\_\_ 7th-12th Children: \_\_\_\_\_

Have you lived in Washington State for the past 12 months? ☐ Yes ☐ No If no, How many months \_\_\_\_\_

Citizenship Status: ☐ US Citizen ☐ Resident Alien ☐ Other

Monthly Income-Before Taxes (includes all household members) \$ \_\_\_\_\_/per month or \$ \_\_\_\_\_/per Year

## Other Sources of Educational Funding

☐ Are you a Veteran? ☐ Yes ☐ No

☐ Applied for 2015-2016 FAFSA (*Free Application for Federal Student Aid*) Date: \_\_\_\_\_

☐ Completed Financial Aid File ☐ Previous Student Loans in Default

☐ Ineligible for aid due to other reasons (explain): \_\_\_\_\_

## Previous Education (Please check highest level of education completed)

☐ Some High School ☐ High School Diploma/GED

☐ Some College

☐ Certificate (under 2 years)

☐ 2 Year Degree (AA) ☐ 4 Year Degree (BA/BS)

☐ Graduate Degree

☐ Former RTC Student

Have you accumulated more than 45 college level credits?

☐ Yes ☐ No

Do you have transfer credits from other colleges/universities?

☐ Yes ☐ No

Are you inquiring about the Running Start program?

☐ Yes ☐ No



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## Worker Retraining Program

Please check box if you meet this criteria	Please provide following documentation
<input type="checkbox"/> Receiving WA State Unemployment Insurance (UI) <i>Claim Started:</i>	Proof of Unemployment Insurance: most recent UI check stub or WIA-001 print out from Work Source
<input type="checkbox"/> Exhausted WA State Unemployment Insurance (UI) in the last 48 months <i>Claim Ended:</i>	Check stub of final payment of UI benefits or WIA-001 print out from Work Source
<input type="checkbox"/> Self-Employment ended within the last 48 months	
<input type="checkbox"/> Veteran discharged within the last 48 months	Attach copy of DD-214
<input type="checkbox"/> Displaced Homemaker within the last 48 months	Divorce certificate or other relevant documentation
<input type="checkbox"/> Active Duty Military	Official notice of separation
<input type="checkbox"/> Exhausted Unemployment Insurance & holds PT or low wage job paying <\$17 per hour in King County	Check stub of final payment of UI benefits or WIA-001 print out from Work Source <b>and</b> current employment check stub
<input type="checkbox"/> Currently employed in an occupation "not in demand" and have less than 45 college credits/not received a certificate or degree.	Provide print out noting occupation "not in demand", college transcripts, 3 job postings, current check stub from employer, and be earning less than 17 dollars an hour.

## Opportunity Grant Program

Have you received the Opportunity Grant previously? ☐ Yes ☐ No

If yes, Where \_\_\_\_\_ Number of quarters received \_\_\_\_\_

Please check all that apply: ☐ Receiving Disability Benefits ☐ Social Security ☐ L&I

Was your income in 2014 at or below these income guidelines? ☐ Yes ☐ No

\*Please attach documentation of household income  
(Example: 2014 Income Tax return, W2)

Will you be enrolling in one of the following programs? ☐ Yes ☐ No

### Accounting

Includes all Accounting Certificate and Degree Programs

### Allied Health

CNA, RN, Surgical Technology, Pharmacy Technology

### Automotive

Includes all Automotive Certificate and Degree Programs

### Computer Network Technology

Includes all Computer Network Technology Certificate and Degree Programs

### Construction

Commercial Building Engineering, Construction Management

### Early Childhood Careers

Includes all Early Childhood Certificate and Degree Programs

2015-2016 Income Limits		
Size of Family	Annual Limit	Monthly Limit
1	\$23,540	\$1,962
2	\$31,860	\$2,655
3	\$40,180	\$3,348
4	\$48,500	\$4,042
5	\$56,820	\$4,735
6	\$65,140	\$5,428
7	\$73,460	\$6,122
8	\$81,780	\$6,815

Do you need help to address: ☐ Learning Disabilities ☐ Health/Medical Issues

☐ Unstable Housing ☐ Financial Struggles

☐ Other concerns, please explain: \_\_\_\_\_

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## **BFET Program - Individual Education Plan**

Work History and Transferrable Skills - List employers for the past 5 years starting with the most recent

<b>Current Employer</b>	Job Title	Start/End Dates -
Hours/Week	Wage \$ /Hr.	Total Years ____ Months ____
<b>Previous Employer</b>	Job Title	Start/End Dates -
Hours/Week	Wage \$ /Hr.	<b>Reason for Separation:</b> <input type="checkbox"/> Laid-off <input type="checkbox"/> Resigned <input type="checkbox"/> Terminated

Are you currently looking for work?

☐ Yes

☐ No

Do you have any physical limitations to work readiness?

☐ Yes

☐ No

Do you have a current resume?

☐ Yes

☐ No

## **Skills and Experience**

What type of skills/work experience do you have?

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## **Essay**

Please write a brief essay of at least one paragraph addressing the following question:

**“What are your educational/career interests and goals? How will receiving Workforce Financial Aid assist you in accomplishing those goals?”** Do not worry about spelling or punctuation; we just want to get to know you.

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## **Workforce Financial Aid Funding Requirements**

1. I will update my Counselor of changes to my contact information, including address, phone number and email.
2. I will inform my Counselor of changes that may affect my eligibility for assistance, such as a change in income or public assistance benefits.
3. I will contact my Counselor when I add, drop, stop attending, or substitute classes.
4. I agree to accept communication via email and I have provided my email address on my application.
5. I understand that I must apply for Federal Financial Aid (FAFSA) **immediately** to prove unmet need and to be considered for future funding or services.
6. I understand that students are expected to maintain a 2.0 grade point average in all classes.
7. I understand that eligibility is determined on a quarterly, case-by-case basis. Factors considered include availability of funds, application date, past grades, attendance, and/or previous education.

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## Additional Student Expectations

### ➤ **WORKER RETRAINING PROGRAM**

- ✓ I understand that I must inform my Counselor about any changes to my unemployment status that may affect my eligibility for the program. Benefits exhausting or being terminated must be reported ASAP.

### ➤ **BFET PROGRAM**

- ✓ I will submit monthly progress reports to track my progress and participation.
  - Progress Reports are to be completed by the instructor and turned in **by the 15th day of the month** that students are in class. Instructors may directly email the BFET Counselor for reporting purposes.
  - Progress Reports may be obtained and turned in to the BFET Counselor or at the front desk of Student Services.
  - Failure to turn in a report by the due date may result in being dropped from the program/loss of services.
- ✓ I understand that BFET funding/services are provided quarterly. If further funding or services are desired I must communicate that to my BFET Counselor.
- ✓ I understand that BFET services i.e. tuition/book assistance are meant as startup funding. **I must be working on a backup plan for financing my education.** Priority for funding will be given to students with no previous educational history. If I am not approved by DSHS for the BFET program, I will be required to pay for the class/program/books myself, find another funding source or drop from the class/program.
- ✓ I understand that if I fail to meet Satisfactory Academic Progress standards, I must do one successful quarter on my own before I can receive BFET assistance again. Students may be placed on probation or informed of appeal process if BFET standards are not met.
- ✓ If my educational plan requires that I participate more than 120 hours a month, I will agree to the extra time on a voluntary basis. i.e. childcare, etc.
- ✓ I will inform my Counselor if my status changes with DSHS re: return to TANF, no longer on food assistance.
- ✓ I understand that BFET does not pay for testing fees/kits/supplies/uniforms or background checks.

### ➤ **OPPORTUNITY GRANT PROGRAM**

- ✓ I will attend class(es) regularly and keep up with class assignments. If I will miss more than *3 consecutive days* of school, I will immediately notify my Opportunity Grant case manager.
- ✓ I will meet with my OG Case Manager twice per quarter to discuss academic progress and goals.
- ✓ I will inform my OG Case Manager of any academic or personal issues that conflict with my education.
- ✓ I will maintain 67% cumulative pace of progression and 2.0 GPA.
- ✓ I will participate in an exit interview upon completion of training.
- ✓ I will participate in follow-up data tracking for up to 2 years upon exiting the program.

## Authorization for Release of Information

Renton Technical College and Workforce Education adhere to FERPA regulations regarding the privacy of student information. The information you give us is confidential. We will share it with our WorkSource partners in order to give you access to employment and training services. Partners typically include Employment Security Department (ESD), Department of Social & Health Services (DSHS), Division of Vocational Rehabilitation (DVR), community colleges, internal office staff at Renton Technical College (RTC) and partners of the Opportunity Center for Employment & Education (OCE&E). Your signature authorizes this exchange of information and certifies that the above information is true and correct to the best of your knowledge.

I, \_\_\_\_\_, give permission for the Washington State Department of Social and Health Services and Renton Technical College to use and share confidential information about me (except as limited below) as necessary for Employment and Training (E&T) activities as required by the Basic Food E&T (BFET) program.

This consent is valid for a maximum of three years from the date signed, unless I withdraw or change my consent in writing.

This consent DOES NOT permit sharing of sensitive information about my mental health, chemical dependency, HIV/AIDS and STD test results, diagnosis or treatment.

I understand that I must fill out a separately approved consent form if I am under 18 years of age, I want to further limit information shared about me, someone else is representing me in this matter, or I want to allow sharing of sensitive information about my mental health, chemical dependency, HIV/AIDS and STD results diagnosis or treatment.

\_\_\_\_\_  
(Student Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Counselor/Adviser Signature)

\_\_\_\_\_  
(Date)