



## EARLY ACHIEVERS GRANT, SCHOLARSHIP APPLICATION

Please fill in all sections in blue or black ink. Return the completed application to the program office.

### CONTACT INFORMATION

Name (Last, First, M.I.) \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

### CHILD CARE EMPLOYMENT

To qualify for this grant, you must be employed at an Early Achiever site.

How long have you worked at your current employer? \_\_\_\_\_ Current Schedule: \_\_\_\_\_ hours/week

Employer: \_\_\_\_\_ Employer's Address: \_\_\_\_\_

Employer's Phone: \_\_\_\_\_ Have you worked at this site for 3 months or more?  Yes  No

Your Rate of Pay Per Hour (optional): \_\_\_\_\_

### EDUCATION

I am a new college student  I am a returning student

Student ID Number (if one has been assigned): \_\_\_\_\_

I have earned my:  GED  High School Diploma If not, what is the highest grade you completed? \_\_\_\_\_

Previous colleges or classes attended:

SCHOOL / COLLEGE	CITY, STATE	DATES ATTENDED	FOCUS OF STUDY	CERTIFICATES / DEGREE EARNED

### SUPPORTIVE RESOURCES

Have you received financial assistance or support services through any community programs?

Check all that apply.

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Financial Aid (Pell Grant, State Need Grant, Work Study, Loans) | <input type="checkbox"/> Work Source / WIA                    | <input type="checkbox"/> Washington Department of Social and Health Services          |
| <input type="checkbox"/> Adult Basic Education/GED                                       | <input type="checkbox"/> Trade Act                            | <input type="checkbox"/> I-BEST   |
| <input type="checkbox"/> English as a Second Language                                    | <input type="checkbox"/> WorkFirst or WorkFirst Financial Aid | <input type="checkbox"/> Career Exploration, Job Search Services or Career Assessment |
| <input type="checkbox"/> Student Support Services  | <input type="checkbox"/> Disability Support Services          | <input type="checkbox"/> Other(s) _____   |
| <input type="checkbox"/> Worker Retraining Assistance                                    | <input type="checkbox"/> Displaced Homemakers Assistance      | _____   |

Please complete application on reverse side ►

