

■ Worker Retraining Assistance







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									
Nar	ne (Last, First, M.I.)								
Stre	et Address								
City	, State, Zip Code								
Home Phone:			Cell:			E	Email:		
	ILD CARE EMPLO		mploy	ved at an l	Early Achiever site.				
Hov	v long have you worke	ed at your c	urren	t employ	er?	Current Schedule: hours/week			
Em	oloyer:			_ Emplo	yer's Address:				
Emp	oloyer's Phone:				Have you	worke	d at this site for 3 mo	nths or more? 🖵 Yes 📮 No	
You	r Rate of Pay Per Hour	(optional):_							
I ha	dent ID Number (if one ve earned my: GED vious colleges or class	☐ High S	Schoo					d?	
	_		Y, STAT	TE.	DATES ATTENDED		FOCUS OF STUDY	CERTIFICATES / DEGREE EARNED	
			,	· -					
SII	PPORTIVE RESOU	RCES							
Hav	re you received financi eck all that apply.		e or s	support s	ervices through any co	ommun	ity programs?		
	Financial Aid (Pell Grar Need Grant, Work Stud			Work Source / WIA			Washington Department of Social and Health Services		
	Adult Basic Education/GED			Trade Act			I-BEST		
	English as a Second Language			WorkFirst or WorkFirst Financial Aid			Career Exploration, Job Search Services or Career Assessment		
	Student Support Services			Disability Support Services			Other(s)		

Displaced Homemakers Assistance



Funding is provided in partnership with the Washington State Department of Early Learning









Early Achievers Grant, Scholarship Application, page 2	
Please write a paragraph telling us why you want to be in the Early Achievers Grant program?	
STUDENT COMMITMENT	
My signature below indicates that, if I am selected, I understand and agree that;	

- I am responsible for attending all my classes regularly.
- I am required to check in with my ECE Advisor / coordinator each quarter.
- I am required to maintain a minimum of a 2.0 GPA and complete a minimum of 50% of the credits attempted each quarter.
- I am responsible for maintaining up-to-date contact information with both Registration and Financial Aid offices.
- I give permission for my name and picture to be used to publicize this scholarship program, or I will leave written instructions on file with my advisor regarding restrictions.
- I hereby authorize the release of my academic records for the purpose of: 1.) Determining eligibility 2.) Accessing student services 3.) Meeting reporting requirements and 4.) Analyzing the success of the grant program.

Signature	Date
Printed Name	