

HOUSEHOLD MEMBERS:

	<u>NAME</u>	<u>AGE</u>	<u>RELATIONSHIP TO YOU</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____

EDUCATIONAL HISTORY:

Is English your first language? Yes No If NO, what is your first language? _____

High School Diploma? Yes No Date Earned: _____

Did you earn a GED? Yes No Date Earned: _____

Are you currently working on GED, ESL or ABE? Yes No If YES, which one (s) and where? _____

Is attending Skagit Valley College your FIRST college experience? Yes No

If YES, How many credits are you taking **THIS** quarter? _____ cr.

If NO, Please list all training or vocational classes completed?

Name of School _____ Date: _____

Type of Training _____ Completed: Yes No

Name of School _____ Date: _____

Type of Training _____ Completed: Yes No

EDUCATIONAL GOALS: Which program of study are you interested in pursuing?

- Allied Health Education Welding Early Childhood Education Automotive
 Patient Registration Certified Nursing Assistant Medical Assistant Other _____

What degree are you seeking at Skagit Valley College?

- Associate (transfer to a four-year university) _____ Associate (professional/technical) _____
 Certificate (less than 2 years) _____ Undecided

Do you plan to transfer to a FOUR-YEAR College or University? Yes No

If YES, intended transfer institution _____ Major _____

EMPLOYMENT HISTORY:

1. Employer: _____ Dates: _____
Job Title: _____ City/State: _____
Job Duties:

Reason for Leaving: _____

2. Employer: _____ Dates: _____
Job Title: _____ City/State: _____
Job Duties:

Reason for Leaving: _____

3. Employer: _____ Dates: _____
Job Title: _____ City/State: _____
Job Duties:

Reason for Leaving: _____

SUPPORT NEEDS: How can the Opportunity Grant best support your educational goals? Check all that apply:

- | | | |
|---|--|--|
| <input type="checkbox"/> Academic Advising | <input type="checkbox"/> Career Development/Counseling | <input type="checkbox"/> Cultural Activities |
| <input type="checkbox"/> Financial Aid Advising | <input type="checkbox"/> Personal Counseling/ Support | <input type="checkbox"/> Tutoring |
| <input type="checkbox"/> Mentoring | <input type="checkbox"/> Childcare | <input type="checkbox"/> Study Skills |
| <input type="checkbox"/> Transfer Advising | <input type="checkbox"/> Disability Support Services | <input type="checkbox"/> Other _____ |

How did you find out about the Opportunity Grant? _____

Are you getting support from another program? Check all that apply:

- Trio DVR WorkFirst DSHS Basic Food Worker Retraining WorkSource Other _____

Affidavit of Truth Statement and Release of Information

The information provided on this form is, to the best of my knowledge, accurate and true. I understand that by applying for an Opportunity Grant, I authorize program staff to obtain and share records or data pertinent to my participation from other campus offices and/or the Washington State Board of Community and Technical Colleges. I understand that all information will be protected as confidential. I understand that I am not eligible to receive Opportunity Grant services until the application process is complete.

Your Signature _____

Date _____

Opportunity Grant
Basic Food Employment & Training



Program Desired

Start Date of Training (mm/dd/yy)

End Date of Training (mm/dd/yy)

****** Please Remember to attach the required documents along with your application before submitting. Thank You! ******

6. What is your financial plan to complete your program if/when your funding runs out before your finish training?
7. Do you plan to work while attending Skagit Valley College?
Yes _____ No _____
Full-time _____ Part-time _____
8. Do you have reliable transportation for attending training?
Yes _____ No _____
9. Please write a personal statement regarding your **housing situation** (i.e. renting, buying, staying with friends or family, etc.), **childcare** arrangements if applicable, and **transportation**. **(Minimum of 3 Sentences)**

***** Please Remember to attach the required documents along with your application before submitting. Thank You! *****

Budget Worksheet

Please complete monthly budget as provided, noting all sources of incoming income and expenses.

Fixed Monthly Expenses	Fixed Monthly Income
1. Automobile Payment \$ _____	1. Child Support \$ _____
2. Child Care/Support \$ _____	2. Disability Income \$ _____
3. Clothing \$ _____	3. Food Stamps \$ _____
4. Food \$ _____	4. L & I \$ _____
5. Dental Bills \$ _____	5. Mutual Funds \$ _____
6. Medical Bills \$ _____	6. Pensions \$ _____
7. Rent/Mortgage \$ _____	7. Rental Property \$ _____
8. Transportation \$ _____	8. Retirement \$ _____
9. Home expenses	9. Savings \$ _____
Cable \$ _____	10. Self-employment \$ _____
Electric/Gas \$ _____	11. Severance Pay \$ _____
Internet \$ _____	12. Social Security/SSI \$ _____
Telephone \$ _____	13. Unemployment \$ _____
Water/Sewer \$ _____	14. Veterans Assistance \$ _____
Garbage \$ _____	15. Wage (Self) \$ _____
10. Insurance	16. Wage (Spouse/other) \$ _____
Auto \$ _____	17. Other Income
Life \$ _____	_____ \$ _____
Medical/Dental \$ _____	_____ \$ _____
11. Other Debts	_____ \$ _____
_____ \$ _____	
_____ \$ _____	
_____ \$ _____	
Total Expenses \$ _____	Total Income \$ _____

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Please set an appointment with your department chair or program advisor to complete the following outline of your tentative plan.

Individual Tentative Plan

Major _____

Advisor _____

Include course name and number of credits

Fall 201 Q#

1. _____

2. _____

3. _____

4. _____

Credit Total: _____

Winter201 Q#

1. _____

2. _____

3. _____

4. _____

Credit Total: _____

Spring201 Q#

1. _____

2. _____

3. _____

4. _____

Credit Total: _____

Summer 201 Q#

1. _____

2. _____

3. _____

4. _____

Credit Total: _____

Fall 201 Q#

1. _____

2. _____

3. _____

4. _____

Credit Total: _____

Winter 201 Q#

1. _____

2. _____

3. _____

4. _____

Credit Total: _____

Spring 201 Q#

1. _____

2. _____

3. _____

4. _____

Credit Total: _____

Summer 201 Q#

1. _____

2. _____

3. _____

4. _____

Credit Total: _____

Fall 201 Q#

1. _____

2. _____

3. _____

4. _____

Credit Total: _____

Winter 201 Q#

1. _____

2. _____

3. _____

4. _____

Credit Total: _____

Spring 201 Q#

1. _____

2. _____

3. _____

4. _____

Credit Total: _____

Summer 201 Q#

1. _____

2. _____

3. _____

4. _____

Credit Total: _____

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