

UNEMPLOYED/UNDEREMPLOYED SPACE-AVAILABLE TUITION WAIVER APPLICATION

City:	State:	_ Zip Code:
Phone Number:	Email:	

PROGRAM ELIGIBILITY

Are you receiving aid from the following? Please check all that apply.

DSHS Food Benefits DSHS TANF Grant Social Security/Disability Benefits				
Are you currently receiving Unemployment Benefits? \Box Yes \Box No If ye	es, start date? _			
Have you received Unemployment Benefits in the last two years?				
□ Yes □ No If yes, start date? End date				
Are you a Washington State Resident? \Box Yes \Box No				
How long have you lived continuously in Washington State? Yea	ır(s)	_Month(s)		
Have you completed the FAFSA or WASFA for this current year?	□ Yes	□ No		
Are you receiving financial aid for school such as a Pell Grant or State Grant?	□ Yes	🗆 No		

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 Unemployed/Underemployed Waiver Program, I authorize program staff to obtain and share records or data pertinent to my participation from other campus office 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 services until the application process is complete.

Student Signature

Date

SVC provides a drug free environment and does not discriminate on the basis of race, color, religion, national origin, sex, gender identity, sexual orientation, disability, marital status, or age in its programs and employment.