

Tuition Assistance Request Form

Please circle **Returning** or **New Student** year _____

Please check which quarter: Fall ___ Winter ___ Spring ___ Summer ___

Program of intent: _____ 9 digit SS# _____

Legal Name: _____
(PLEASE print neatly) Last Middle Initial First

E-MAIL: _____ SID # _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (____) _____ - _____ Date of Birth: ____/____/____ Male ___ Female ___

Do you plan on securing employment once you complete your vocational program at SSC? **YES NO**

How many people in your household?

Do you have children under 18 years of age? **YES NO**

Do you require childcare? **YES NO**

Are you a TANF (Temporary Assistance for Needy Families) recipient? **YES NO**

Are you a Basic Food (Food Stamps/Food Card) recipient? **YES NO**

Are you receiving unemployment benefits in Washington State? **YES NO**

Have your unemployment benefits exhausted within the last 48 months (4 years)? **YES NO**

Are you a Displaced Homemaker? **YES NO**

Are you under-employed or have Vulnerable Worker status? **YES NO**

Are you employed? **YES NO**

If so please list employer: _____

Hours per week: _____ Hourly Wage \$ _____

What is your highest level of education _____ and in what country _____

Are you a Veteran of the US Military? If so please provide discharge date: ____/____/____

Have you applied for FAFSA? yes / no Approved _____ Denied _____ Pending _____

How long have you lived in Washington State? _____ in the USA _____

If you have a DOC (Department of Corrections) number please list: _____

Please Read & Sign: By signing and dating this form, I am consenting to have all or some of the following information released-- my name, contact information, attendance, grade(s), financial need -- to Employment Security, DSHS, DOC, Industry sponsor, or other agency for the purpose of financial aid. This release is in effect for up to 3 years after student's last enrollment date at South Seattle College.

IN COMPLIANCE WITH FUNDING ELIGIBILITIES & REQUIREMENTS:

I will maintain 10 or more credits in Technical/Professional programs each quarter. I will maintain a minimum of a 2.0 grade point average. I will submit signed timesheets as required by my funding source (s).

I will apply for Federal Student Aid (FAFSA) each fiscal year.

Signature _____ Date _____

STAFF ONLY: Entered Data Base ___ \$2 Quarterly Hold ____/____/____

CASAS date ____/____/____ Reading Score _____ Math Score _____

INDIVIDUAL EMPLOYMENT PLAN

WORKFORCE FUNDING SOURCES: BFET, TANF, WORKER RETRAINING, ETC.

SS# or eJAS #: _____ - _____ - _____ **AND** SID: _____

Today's Date: _____ Years living in Washington State: _____ Years living in the United States: _____

Legal Name: _____
(PLEASE print neatly) Last Middle Initial First

E-MAIL: _____

What is your employment goal at completion of training? _____

In what training program are you enrolling? _____

Is your intent to seek employment after completing the program listed above? YES NO

Quarters needed to complete training? _____

Will this program help you to meet the stated employment goal? YES NO

Please check all Barriers **YOU** need to overcome for successful program completion and securing employment.

Your Employment Barriers	Services implemented to address barriers (How are you going to overcome your listed barriers?)
Limited or no transferable work skills	
Limited English	
Childcare issues – family size	
Mental Health Issues	
Physical limitations, health issues	
Lack of transportation	
Unstable housing	
Legal/criminal record that limits job options	
Need skill training for employability	
No Social Security Number/Card	
Other:	

Have you planned & made arrangements to maintain class attendance & study time required to achieve GPA of 2.0 or higher: YES NO If yes, please list some: _____

Please initial each of the 2 compliance understandings listed below:

- I am aware BFET pays for classes related to my program of study or skills related to employer needs and BFET will pay 1 quarter of books with max of \$400: _____
- I understand that Progress Timesheets are required **Weekly for TANF & Monthly for BFET & ESD/Worker Retraining which may be found in the Lobby of the Workforce Office RSB081:** _____

Signature: _____

DEPARTMENT OF SOCIAL AND HEALTH SERVICES (DSHS)
RELEASE FORM

"I _____ (printed student's name) give permission for the Washington Department of Social and Health Services and South Seattle College to use and share confidential information about me (except limited below) as necessary for Employment and Training (E&T) Activities as required by the Basic Food E&T 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, or 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 or 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, or HIV/AIDS and STD test results, diagnosis or treatment."

{Student's Signature}

(Date)