**WorkFirst Financial Aid**  
**APPLICATION FOR SERVICES 2005-06**

<table>
<thead>
<tr>
<th></th>
<th>FALL 05</th>
<th>SCC</th>
<th>WINTER 06</th>
<th>SFCC</th>
<th>SPRING 06</th>
<th>SFCC</th>
<th>SUMMER 06</th>
<th>IEL</th>
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**PLEASE PRINT**  
Updated 05-10-04

Name__________________________________________________________

Last                                      First                        M.I.

Student Identification Number Social Security Number

Address__________________________________________ City__________________

State____ Zip_____ Phone__________________________ Washington State Resident? No♦ Yes ♦

Referral From:________________________________________________________

Projected Income Resources
1. Number of people in household (include yourself, dependent children and your spouse) ________
   - Single Parent ☐•  Married ☐•  Non-Custodial Parent ☐•  Other Living Arrangements ☐

2. Health Insurance
   - Self ☐ Yes ☐ No  
   - Child ☐ Yes ☐ No

3. TANF ☐ Yes ☐ No  
   - TANF Closed ☐ Yes ☐ No  
   - Tribal TANF ☐ Yes ☐ No  
   - PTE Program ☐ Yes ☐ No

JAS ID#___________  
Current IRP ☐ Yes ☐ No  
Education and Training Work Sheet ☐ Yes ☐ No

Approved Training Program ☐ Yes ☐ No  
Training Component VE ☐ VU ☐ PE ☐ HW ☐

CSO_________________________ Case Manager______________________________

Ph____________________________ E-Mail Address__________________________

4. Labor Market Research ☐ Yes ☐ No
5. Referral WorkFirst Work Study ☐ Yes ☐ No
6. List your current average monthly income. Please provide pay stubs and other required documentation for your family for the most recent two months.

<table>
<thead>
<tr>
<th>MONTHLY SOURCES OF EARNED/UNEARNED INCOME</th>
<th>FIRST PARENT/GUARDIAN (Student)</th>
<th>SECOND PARENT/GUARDIAN</th>
<th>DEPENDENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employment (Net)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>WorkFirst Work Study</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Self-Employment</td>
<td></td>
<td></td>
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<tr>
<td>Temporary Aid to Needy Families (TANF)</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Child Support Received</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child Support Paid Out</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Supplemental Security Income (SSI)</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>VA, Disability, or L&amp;I</td>
<td></td>
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<tr>
<td>Unemployment Benefits</td>
<td></td>
<td></td>
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<tr>
<td>Other (Specify)</td>
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</tr>
</tbody>
</table>

   Monthly Net Income (Subtotal)
   Net Income

**EMPLOYMENT INFORMATION:**

<table>
<thead>
<tr>
<th></th>
<th>FIRST JOB</th>
<th>SECOND JOB</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student Occupation:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employer:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hours Worked per Week:</td>
<td></td>
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</tbody>
</table>
Students that are receiving Child Care funding through DSHS Working Connections Child Care Program:
I understand that it is my responsibility to contact my DSHS Case Manager/Child Care Coordinator if I stop attending school during the quarter for which I have been funded. Otherwise I will be subject to repayment of child care costs to DSHS.

I declare that under penalty of perjury that the information given by me in this declaration is true, correct and complete to the best of my knowledge and realize that willful falsification of this information by me may subject me to penalties as provided in Washington State Law. RCW 74.08.055 I hereby authorize my employer, Department of Social & Health Services, Employment Security Department, Division of Child Support, and Community Colleges of Spokane to release and exchange information for the purposes of determining eligibly for the WorkFirst Financial Aid Program, as well as for the purposes of receiving continued benefits from the agencies listed above. Records to be released may include, but are not limited to:

Name  Home Address  Residency Status
Major  Telephone  Financial Aid/Veteran Status
Dates of Attendance  Social Security Number  Placement Scores
Degree(s) Earned  Class Schedule (Time/Date/ Location/Advisor)  Disability Status
Date of Birth  Transcript (grades/credits/GPA/Course Description)  Holds/Restrictions on Records/Debts to College

Information will be shared by partners in the WorkSource system to facilitate coordinated services within WorkSource.

Student's Signature ___________________________ Date ____________________

FOR FINANCIAL AID OFFICE USE ONLY

☐ Eligible  ☐ Ineligible

Program: ___________________________ Code: ___________ Intent: ___________

☐ Basic Education  ☐ Job Skills Training  ☐ Group-CJST  ☐ Individual-CJST

☐ 1Yr. Vocational Certificate  ☐ 2Yr. Vocational Degree (AAS)  ☐ Liberal Arts/Transfer

APPROVED COURSES FOR CURRENT QUARTER:

<table>
<thead>
<tr>
<th>COURSE</th>
<th>CREDITS</th>
<th>COURSE</th>
<th>CREDITS</th>
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Tuition $  Application Fee $  Books $  Total Tuition/Fees $  
Tech Fee $  Registration Fee $  Total Tuition/Fees $  
Lab Fees $  Non-Credit Fee $  
Test Fees $  Pet Grad Fee $  Total Credits  

Financial Aid Codes
☐ 16 SCC/SFCC WorkFirst Student  ☐ 17 SCC/SFCC Low Income/Working
☐ 16-516 IEL WorkFirst Student  ☐ 17-517 IEL Low Income/Working

Student Work Attend Codes
☐ 74 TANF not employed/working less than 20 hrs.  ☐ 75 Low-income not employed/working less than 20 hrs.
 ☐ 77 TANF employed more than 20 hrs.  ☐ 78 Low-income working more than 20 hrs.
 ☐ 76 TANF High Wage/High Demand Health or IT  ☐ 79 TANF or low-income Basic Skills

Is student applying for federal financial aid?  ☐ Yes  ☐ No  Defaulted Loan?  ☐ Yes  ☐ No
BA degree Yes No  Academic Failure Yes No  Ineligible Training Program Yes No

WorkFirst Financial Aid Coordinator Signature ___________________________ Date ____________________

Financial Aid Officer's Signature ___________________________ Date ____________________