

# BFET

## Grant Application

2009-2010

Quarter Applying For (please circle one):  
Fall / Winter / Spring / Summer Year: \_\_\_\_\_

Please answer the following questions:  
Information is used to help us to meet your needs and secure future funding. Information is kept completely confidential. Please print legibly.

Name \_\_\_\_\_  
*(last) (first) (middle initial)*

JAS ID \_\_\_\_\_

SS# \_\_\_\_\_

Address \_\_\_\_\_

SID# \_\_\_\_\_

\_\_\_\_\_ Apt# \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (Day) \_\_\_\_\_ (Eve) \_\_\_\_\_

E-mail \_\_\_\_\_

Date of Birth \_\_\_\_\_

Your social security number is confidential, and under a federal law called the Family Educational Rights & Privacy Act, the college will protect it from unauthorized use and/or disclosure. In compliance with state/federal requirements, disclosure may be authorized for the purposes of state and federal financial aid, Hope/Lifetime Learning tax credits, academic transcripts, assessment or accountability research.

1. Are you a current Highline Student?  
 Yes /  No
2. If No, what program are you interested in?  
\_\_\_\_\_
3. If Yes, what program are you enrolled in and how many credits have you completed?  
\_\_\_\_\_ credits: \_\_\_\_\_
4. When do you expect to complete your program?: \_\_\_\_\_ (month and year)
5. Number of children needing childcare?  
\_\_\_\_\_
6. What is your current transportation (bus/car)? \_\_\_\_\_
7. Are you a refugee/immigrant?  Yes /  No  
If Yes, what is your residency status?  
\_\_\_\_\_
8. If you are in ABE or ESL: What is your level?  
\_\_\_\_\_

### Check all that apply:

- Parent
- Working (\_\_\_\_\_ hrs/week)
- Receive Basic Food
- Receive Unemployment
- Receive TANF
- Receive SSI / Disability
- Laid off from work
- Displaced Homemaker
- English is my 2<sup>nd</sup> Language
- Need GED
- Have a GED or HS diploma
- Former Foster Youth

# Program Participation Agreement

*What do I need to do to participate in the BFET Program?*

1. Apply for food assistance if you do not already receive it. You must also turn in all paperwork requested by DSHS and participate in recertification to keep your case open.
2. Identify clear employment goals, and be committed to returning to work after your training. We routinely use career assessments in this process.
3. Choose a professional technical degree or certificate (NO transfer degrees) which will help you reach your employment goals.
4. Develop an education plan with the BFET Program Manager. You must also meet with the Program Manager at least once a quarter to check in and review your plan. You may only register for the classes identified on your education plan.
5. After registering each quarter, bring a copy of your registration and a print out from the bookstore's website for required books to our office so a "hold" can be placed on your classes. Please note if you register for classes not identified in your education plan, you will not receive a deferment and your classes may be automatically dropped.
6. Turn in Progress and Participation reports signed by each of your instructors once a month. These forms are due to the Program Manager or Program Assistant no later than the 7<sup>th</sup> of each month.
7. You must maintain Satisfactory Academic Progress to continue participation in the program.
8. During your first quarter of participation in the BFET program, you must apply for federal financial aid by filling out the FAFSA, if you are eligible. This applies to all students in programs longer than one quarter. Apply on-line at [www.fafsa.ed.gov](http://www.fafsa.ed.gov)

If you are in default with Financial Aid, you will need to develop and participate in a payment agreement to become current by the end of the quarter that BFET pays for. Documentation of this plan is required.

9. You agree to update the Program Manager on the status of your financial aid application and award. **You are not permitted to receive funding from both BFET and Financial Aid in the same quarter.** The Financial Aid Department will subtract the cost of tuition and fees automatically.
10. You agree to respond to all correspondence from the BFET Program Manager or Assistant (phone messages, e-mails, and letters) within 48 hours. You also agree to keep your contact information current.
11. If you gain employment (either full-time or part-time) you agree to report this information to the BFET Program Manager as soon as possible. We need to track your employment for one year. Job Clubs are available to help you in your job search. Attendance to Job Clubs is encouraged and may be required.
12. **If you find yourself struggling in one of your classes or considering withdrawing, you agree to contact the BFET Program Manager immediately.** There are many resources on campus we can help you access in order to be successful!

The BFET Grant success is measured on number of students that are employed after completion of a training program. I guarantee that I am eligible to work in the United States and am willing to participate in a criminal background check to determine eligibility for specific programs.

I further affirm that I have reviewed and will follow the terms of the BFET program as laid out on this page of this application.

Print Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

# Self-Assessment Questionnaire

## Education

Please list schools and colleges attended, beginning with high school. Include location (city, state), dates attended (month/year to month/year) and degree or certification earned.

<i>Name / Type of School</i>	<i>Location</i>	<i>Dates Attended (month/year)</i>	<i>Areas of Degree, Certification</i>	<i>GED / Diploma</i>	<i>AA AS</i>	<i>BA BS</i>	<i>MA MS</i>	<i>Credits Completed</i>

## Other Courses, Trainings or Volunteer Work

Please include any other training you have had which was not listed above. This may include special training provided by previous employers or courses you have taken for personal enrichment or to learn new skills.

<i>Type of Training</i>	<i>Name of Institution &amp; Location</i>	<i>Length of Course</i>	<i>Date Attended</i>

## Employment History

<b>Most Recent Position</b>			
Employer Name:		Industry:	
Job Title:		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal	
Primary Responsibilities:			
Start Date:		End Date:	
Reason for leaving:		Salary:	
City:	State:	Zip:	
Supervisor Name:		Phone Number:	

<b>Longest Held Position / Previous Job</b>			
Employer Name:		Industry:	
Job Title:		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal	
Primary Responsibilities:			
Start Date:		End Date:	
Reason for leaving:		Salary:	
City:	State:	Zip:	
Supervisor Name:		Phone Number:	

**Additional Information**

1. Have you ever defaulted on a student loan?  Yes  No  
If yes, do you have a documented agreement to become current? \_\_\_\_\_  
When will you be eligible for Financial Aid again? \_\_\_\_\_

2. Have you received training funds from any other program? Yes No  
*(If yes, in the box below please provide program name, dates and school of attendance and name of training program funded by that program, if applicable).*

3. Do you have any thing in your personal background that would prevent you from working in certain jobs or industries, example, DUI, drug offense(s), crimes against a person, etc.?  Yes  No

4. If you are a male 18 or older, have you registered for Selective Service?  Yes No  
*(If you have not registered for Selective Service you may not be eligible for tuition assistance or other federal government funded programs or services).*

5. Do you have any (medical or other) conditions, which could impact your ability to work? Or do you have a medical condition that would prevent or limit you from working in certain occupations?  
 Yes  No

**If you answered "Yes" to any of the above, please explain:**

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6. Have you applied (or are you currently applying) for assistance through any other program? (i.e. Worker Retraining, Opportunity Grant, Adult WIA, Pell, Student Loan)  
 Yes  No If yes, please provide location and year received.

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**Note: BFET only pays for one quarter of Tuition, Books and Fees.**  
If your program is longer than one quarter you must apply for FAFSA during the quarter that BFET is covering.

# Applicant Budget Worksheet

**Family Data:**

1. Marital Status:  Married / Partnered  Single  Dependant      2. Family Size: \_\_\_\_\_

3. Living with:  Parents  Spouse/Partner  Alone  Friends/Relatives

4. Primary Wage Earner: \_\_\_\_\_      5. Number of Dependents: \_\_\_\_\_

6. Ages of Children Living at Home: \_\_\_\_\_

*Please estimate your family's monthly budget in the table below*

Family Budget Data		Family Income Data		
	Monthly	10. Income Sources:	Yes	Monthly
<b>7. Fixed Monthly Livings Expenses</b>		TANF	<input type="checkbox"/>	_____
a. Child Care	_____	General Assistance	<input type="checkbox"/>	_____
b. Clothing	_____	Unemployment (UI)	<input type="checkbox"/>	_____
c. Food	_____	Child Support	<input type="checkbox"/>	_____
d. Household – Misc.	_____	Veterans Assistance	<input type="checkbox"/>	_____
e. Medical	_____	Social Security	<input type="checkbox"/>	_____
f. Dental	_____	SSI	<input type="checkbox"/>	_____
g. Rent	_____	Food Stamps	<input type="checkbox"/>	_____
h. Transportation	_____	Pensions	<input type="checkbox"/>	_____
i. Utilities	_____	Self Employment	<input type="checkbox"/>	_____
j. Phone	_____	Disability Income	<input type="checkbox"/>	_____
<b>8. Other Debts – list minimum monthly payment</b>		Severance Pay	<input type="checkbox"/>	_____
a. _____	_____	TRA / TRB / AB	<input type="checkbox"/>	_____
b. _____	_____	Private UI	<input type="checkbox"/>	_____
c. _____	_____	Other	<input type="checkbox"/>	_____
d. _____	_____	Wages:	<input type="checkbox"/>	_____
e. _____	_____	_____	<input type="checkbox"/>	_____
<b>9. Other</b>	_____	_____	<input type="checkbox"/>	_____
<b>11. Total Expenditures:</b>	<b>\$_____</b>	<b>12. Total Income:</b>	<b>\$_____</b>	

If your expenses are greater than your income please explain how you meet your needs in the Additional Information Box on the next page.

*For Staff Use Only:*

1	1805
2	2428
3	3051
4	3675
5	4298

### Resource Assessment

Please check resources you would like the BFET program to provide and services you have received in the last 2 years.

Resource / Service	Need it?	Received help? (within the past 2 years)	Organization Providing	Date
College Success Classes				
Money Management				
Help with FAFSA/Financial Aid				
Networking Workshops				
Understanding Labor/Market Info				
"The New Job Market" workshops				
Choosing a Career				
Vocational / Skills Testing				
Computer Classes				
Interviewing Skills				
Resume / Cover letter Writing				
Family / Interpersonal Help				
Community Resources				
Other? (please explain)				

### 13. Additional Information Box: (Let us know about your current circumstances)


I certify that the information provided is true to the best of my knowledge. I am also aware that the information I have provided is subject to review and verification and I may have to provide documentation to support this application for Supportive Services. I am also aware that I am subject to immediate termination from the BFET program if I am found ineligible after enrollment and may be prosecuted for fraud and / or perjury if I intentionally supplied inaccurate or misleading information. I allow release of this information for verification purposes and understand that it will be used to determine program eligibility and services.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Consultant

\_\_\_\_\_  
Date