

# Opportunity Grant Scholarship Application

## Student Information

Last Name	First	M.I.	Social Security Number	Student ID Number		
Street Address		City	State	Zip Code	Phone	Date of Birth
Date of Application	Email Address		Are you a Washington State Resident? (living in Washington at least 1 year)			
			<input type="checkbox"/> Yes <input type="checkbox"/> No			
Program of Study: _____		Are you taking prerequisites? <input type="checkbox"/> Yes <input type="checkbox"/> No		Will you be attending:		
Program Start Date: _____		Projected End Date: _____		<input type="checkbox"/> Full-Time (12 credits +) <input type="checkbox"/> Three-Quarter (9-11 credits) <input type="checkbox"/> Part-Time (5-8 credits)		

## Financial Information

Have you applied for Financial Aid (FAFSA)? <input type="checkbox"/> Yes if so, when _____ <input type="checkbox"/> No  Are you currently receiving other forms of Financial Aid? (Scholarships, Pell Grant, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No  Do you currently have student loans? <input type="checkbox"/> Yes <input type="checkbox"/> No	Total Family Income: _____ per month (Include spouse or parent's income if considered a dependent)  Income source(s): _____ _____
What is your family size? _____ Are you (select one): <input type="checkbox"/> Single <input type="checkbox"/> Married with no children <input type="checkbox"/> Single with children <input type="checkbox"/> Married with children <input type="checkbox"/> Single/Dependent (23 years of age or younger)	Number of dependents: _____ Please indicate age of children below: 0-5 years old _____ 6-12 years old _____ 13+ years old _____
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No In the last two years, have you received unemployment benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you currently receiving TANF? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you currently receiving Food Stamps? <input type="checkbox"/> Yes <input type="checkbox"/> No	

## Education Information

Do you have a High School Diploma/GED? <input type="checkbox"/> Yes <input type="checkbox"/> No  Do you have a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a Bachelor's degree? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have an Associate's degree? <input type="checkbox"/> Yes <input type="checkbox"/> No  If you do not have a degree, how many college credits have you earned? <input type="checkbox"/> None <input type="checkbox"/> 0-15 <input type="checkbox"/> 16-30 <input type="checkbox"/> 31-45 <input type="checkbox"/> 46-90 <input type="checkbox"/> 91-120 <input type="checkbox"/> over 120  Have you completed an educational plan with an LWTC advisor? <input type="checkbox"/> Yes <input type="checkbox"/> No

Please answer all of the questions on this application to the best of your ability. **Answers to the questions below should be at least 2-3 sentences.** Attach additional paper if needed. Incomplete applications will be returned.

1. Why are you choosing to attend college? Please write about your career and educational goals.

2. What have your previous experiences in school been like- challenging, rewarding, difficult, frustrating, easy? Please explain.

3. Think about your school schedule, work schedule and family responsibilities, How do you plan to balance your responsibilities to achieve your educational and career goals?

4. What are your biggest obstacles in achieving your career/educational goals? What do you need to overcome them?

5. Statement of need: Please describe specifically why you need this scholarship.

*I certify that the information provided is true to the best of my knowledge. I am aware I will have to provide documentation to support this information. I understand this information will be used to determine eligibility for services.*

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