



EARLY ACHIEVERS GRANT, SCHOLARSHIP APPLICATION

Please fill in all sections in blue or black ink. Return the completed application to the program office.

CONTACT INFORMATION

Name (Last, First, M.I.) _____

Street Address _____

City, State, Zip Code _____

Home Phone: _____ Cell: _____ Email: _____

Gender: Female Male I am a U.S. citizen: Yes No Permanent Resident: Yes No

CHILD CARE EMPLOYMENT

To qualify for this grant, you must be employed at an Early Achiever site.

How long have you worked at your current employer? _____ Current Schedule: _____ hours/week

Employer: _____ Employer's Address: _____

Employer's Phone: _____ Have you worked at this site for 3 months or more? Yes No

Your Rate of Pay Per Hour (optional): _____

EDUCATION

I am a new college student I am a returning student

Student ID Number (if one has been assigned): _____

I have earned my: GED High School Diploma If not, what is the highest grade you completed? _____

Previous colleges or classes attended:

SCHOOL / COLLEGE	CITY, STATE	DATES ATTENDED	FOCUS OF STUDY	CERTIFICATES / DEGREE EARNED

SUPPORTIVE RESOURCES

Have you received financial assistance or support services through any community programs?

Check all that apply.

- | | | |
|--|---|---|
| <input type="checkbox"/> Financial Aid (Pell Grant, State Need Grant, Work Study, Loans) | <input type="checkbox"/> Work Source / WIA | <input type="checkbox"/> Washington Department of Social and Health Services |
| <input type="checkbox"/> Adult Basic Education/GED | <input type="checkbox"/> Trade Act | <input type="checkbox"/> I-BEST |
| <input type="checkbox"/> English as a Second Language | <input type="checkbox"/> WorkFirst or WorkFirst Financial Aid | <input type="checkbox"/> Career Exploration, Job Search Services or Career Assessment |
| <input type="checkbox"/> Student Support Services | <input type="checkbox"/> Disability Support Services | <input type="checkbox"/> Other(s) _____ |
| <input type="checkbox"/> Worker Retraining Assistance | <input type="checkbox"/> Displaced Homemakers Assistance | _____ |

Please complete application on reverse side ►



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Please write a paragraph telling us why you want to be in the Early Achievers Opportunity Grant program?

STUDENT COMMITMENT

My signature below indicates that, if I am selected, I understand and agree that;

- I am responsible for attending all my classes regularly.
- I am required to check in with my ECE Advisor / coordinator each quarter.
- I am required to maintain a minimum of a 2.0 GPA and complete a minimum of 50% of the credits attempted each quarter.
- I am responsible for maintaining up-to-date contact information with both Registration and Financial Aid offices.
- I give permission for my name and picture to be used to publicize this scholarship program, or I will leave written instructions on file with my advisor regarding restrictions.
- I hereby authorize the release of my academic records for the purpose of:
1.) Determining eligibility 2.) Accessing student services 3.) Meeting reporting requirements and 4.) Analyzing the success of the grant program.

Signature _____ Date _____

Printed Name _____