



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: _____ STARS ID _____

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 ►



WASHINGTON
EARLY ACHIEVERS
PREPARING CHILDREN FOR SUCCESS IN SCHOOL

Funding is provided in partnership with the Washington State Department of Early Learning



Early Achievers Opportunity Grant, Scholarship Application, page 2

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 _____

Early Achiever Grant

Scholarship Registration Hold Request

To qualify for the registration hold, you must be approved for the Early Achiever's Grant and maintain continued eligibility as outlined in the Grant Acceptance Letter and/or Student Agreement.

To be held in your classes, you must agree to the following condition:

1. If you become ineligible for the Early Achiever's Grant funding for any reason, you are responsible for finding other funding sources or paying tuition and fees yourself.
2. If you are not planning to attend classes at Pierce College, you must officially withdraw from your classes by the **5th day of the quarter (3rd day for summer quarter**—check the college calendar or contact the registration at (253) 964-6615 for this information). Early Achiever's Grant staff cannot withdraw you from your classes; you must officially withdraw yourself if you wish to avoid owing money.
3. If Early Achiever's Grant funding has not been awarded by the 5th day of the quarter (3rd day during summer quarter) and you have no other funding source, ***you will be billed and held responsible for payment of all tuition and fees if you have not withdrawn from classes.***
4. You are responsible for contacting the Early Achiever's Grant Manager to monitor the statuses of your held classes.

Should my financial aid or other funding not be approved, I understand that I will be fully responsible for paying my tuition and other debts owed to Pierce College. If I fail to pay these debts, they may be referred to an outside collection agency. I will be held responsible to pay all fees associated with collecting this debt if referred to an outside collection agency as per allowable by Washington State Law.

Student Name

Pierce College SID#

My Signature below indicates that I understand and accept the conditions outlined in this document.

Student Signature

Date



Pierce College Early Achiever's Grant Student Agreement

Student Name _____ SID _____ STARS# _____

The Early Achiever's Grant Point of Contact (POC) and Piece College staff will work closely with you to provide comprehensive services. If you are selected for this program, your will be responsible for meeting the following obligations in order to maintain eligibility.

Please ***initial*** indicating that you have read and agree to each requirement.

- _____ I will attend class(es) regularly and meet class assignments deadlines.
- _____ I will keep the Early Achiever's Grant POC informed about issues that may negatively impact my college attendance and progress.
- _____ I understand that I will lose my grant if I have irregular attendance or withdraw/drop from classes **before** consulting the Early Achiever's Grant POC about other alternatives.
- _____ I will maintain satisfactory academic progress of a 2.0 cumulative quarterly GPA.
- _____ I will contact my POC prior to registration every quarter for academic advising. I will not change my academic plan in any way without consulting the grant POC first.
- _____ I understand that most correspondence from the Early Achiever's Grant POC will be through my Pierce email account, or another email account that I regularly use. I agree to check this account at least once per week or forward it to an account that I check regularly.
- _____ I will meet with the Early Achiever's Grant POC when requested to do so.
- _____ I understand that the FAFSA is optional but highly recommended by the grant POC.
- _____ I will notify the Early Achiever's Grant POC if my employment at an Early Achievers facility ends or my hours of work drop below the minimum required for this grant of 10 hours per week.

I understand that failure to follow these requirements may terminate my participation in the Early Achiever's Grant Program immediately. I understand that eligibility and acceptance into the Early Achiever's Grant program does not automatically guarantee funding. I further understand that funding is based on a first –come, first-served basis, other types and amounts of financial aid available to the student, and availability of the Grant funds.

Students Signature



Date



Consent to the Release of Student Information to the Dept. of Children, Youth, and Families

When information about your college experience is combined with other student's information, a picture of the Early Achievers program's effectiveness emerges. Your consent is required in order for the information outlined below to be shared with the agency that funds Early Achievers scholarship program, the Department of Children, Youth, and Families (DCYF). DCYF studies this information to evaluate the program's outcomes, challenges, and successes. Studying the program's effectiveness helps DCYF obtain more funding for scholars. Only the information outlined below will be shared and sharing this information will not affect your ability to receive continued funding. This information will not be shared with any other state or federal agency. Thank you for consenting to the college sharing some information regarding your college experience with the scholarship funder.

As a participant in the Early Achievers Grant program, your consent to the following is required:

I _____ hereby authorize the release of data and information collected by my college regarding my **Enrollment, Credential Completions, Demographics, Employment, and Student Support** to DCYF, for the purposes of assessing program outcomes, challenges, and successes.

Enrollment information includes:

- Student name and date of birth
- Enrolled credits
- Credits completed/incomplete/dropped
- Enrollment from quarter to quarter
- Enrollment from year to year

Completions information includes:

- Completions of certificates, credentials, or degrees
- Awards title and type

Demographic information, when provided by student, includes:

- Race/Ethnicity, Gender, and Age
- Primary Language

Employment information includes:

- Employer name and type (center care, family home care, or ECEAP/Head Start)
- Employment verification data
- Required credentials to retain employment
- Job placement after completion

Student Support information includes:

- Student intent / chosen program of study
- Summary of student supports, successes, challenges, and reasons for dropped credits
- Types of assistance and amount of funding received (tuition, text books, wrap-around services, advising and support, and enhanced Point of Contact services)

Student Name (print)

Student Signature

Date Signed

Date Expires (7 years)

Aminah Othman
*Early Achievers Point of
Contact*
253-912-3721
aothman@pierce.ctc.edu

Pierce College
9401 Farwest Drive SW
Lakewood, WA 98498

Early Achievers Grant Employment History & Verification

SCHOLAR/EMPLOYEE NAME: _____

EMPLOYER CONTACT

Employer: _____ Early Achiever site? Yes No

Employer's Address: _____

Supervisor's Name: _____ Phone: _____

Email Address: _____

EMPLOYEE INFORMATION

Employee's Current Position: _____

Employee Start Date: _____ Current Schedule: _____ hours/week

Over 3 months, has the employee worked min. of 10 hrs/week or 40 hrs/month? Yes No

EMPLOYMENT VERIFICATION BY EMPLOYER (completed annually)

My signature below indicates that I understand and agree that;

- The above information is accurate.
- I have received the Early Achievers Point-of-Contact's contact information and I will notify them if the employee's employment status changes.

Employer Signature: _____ Date: _____

SCHOLAR ATTESTATION TO THEIR EMPLOYMENT STATUS (completed each subsequent quarter)

My signature below indicates that I understand and agree that;

- The above information is accurate.
- There has been no change in my employment status.

Quarter: _____ Scholar Signature: _____ Date: _____

Quarter: _____ Scholar Signature: _____ Date: _____

Quarter: _____ Scholar Signature: _____ Date: _____