

Worker Retraining Assistance







EARLY ACHIEVERS GRANT, SCHOLARSHIP APPLICATION

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



CONTACT INFORMA	ATION							
Name (Last, First, M.I.)								
Street Address								
City, State, Zip Code								
Home Phone:			Cell: _		E	Email:		
Gender: ☐ Female ☐ Male I			m a U.S. citizen: 🖵 Yes 📮 No			Permanent Resident: 🖵 Yes 📮 No		
CHILD CARE EMPLO	YMENT							
To qualify for this grant, y	ou must be e	mploy	ved at an l	Early Achiever site.				
How long have you worked at your current employer?				er?		Current Sche	edule: hours/week	
Employer:			_ Emplo	yer's Address:				
mployer's Phone: Have you worked at this site for 3 months or more? 🖵 Yes 🕒 No								
Your Rate of Pay Per Hou	r (optional):							
☐ I am a new college st Student ID Number (if or I have earned my: ☐ GE Previous colleges or cla	ne has been D 📮 High S	assigr Schoo	ned):				d?	
SCHOOL / COLLEGE	CIT	Y, STAT	E DATES ATTENDED			FOCUS OF STUDY	CERTIFICATES / DEGREE EARNED	
SUPPORTIVE RESO	URCES							
Have you received finance Check all that apply.		e or s	upport s	ervices through any co	mmun	ity programs?		
Financial Aid(Pell Grant, State Need Grant, Work Study, Loans)			Work Source / WIA			Washington Department of Social and Health Services		
Adult Basic Education/GED			Trade Act			I-BEST		
English as a Second Language			WorkFirst or WorkFirst Financial Aid			Career Exploration, Job Search Services or Career Assessment		
☐ Student Support Services			Disability Support Services			Other(s)		

Displaced Homemakers Assistance



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

Early Achievers Opportunity Grant, Scholarship Application, page 2



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 atte	mpted 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 lead on file with my advisor regarding restrictions.	ave written instructions
 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.) A the grant program. 	Analyzing the success of
Signature Date	
Printed Name	