

**Pierce College Opportunity Grant Scholarship**

Welcome to the Pierce College Opportunity Grant Scholarship Program. Thank you for taking the time to find out about this truly amazing scholarship program and complete the application process.

# Purpose

* Opportunity Grant Scholarships provide educational access and support for low-income adults to progress further and faster along demand career pathways. Opportunity Grant Scholarship funds may be awarded to pay for tuition, mandatory fees, or textbooks.

|  |
| --- |
| **Current** **Income Guidelines**  **2020-21** |
|  Family Size  | Yearly Income  |
| 1  | $25,520 |
| 2  | $34,480 |
| 3  | $43,440 |
| 4  | $52,400 |
| 5  | $61,360  |
| 6  | $70,320 |
| 7  | $79,280 |
| 8  | $88,240 |
| Each additional person  |  $8,960 |

**Opportunity Grant Student Eligibility Definition**

Students must:

* be a Washington resident as defined in RCW 28B.15.012;
* be enrolled in an Opportunity Grant-eligible program (see list of acceptable professional/technical programs. BA or AA-DTA and other transfer related degrees are NOT eligible);
* have family income that is at or below 200% of the federal poverty level (see chart at right for current federal guidelines);
* have earned less than an Associate’s degree;
* have financial need based on the FAFSA\* or WAFSA.

 \*Students do not need to be eligible for federal financial aid; however, they

 must complete the FAFSA/WAFSA form and all other Financial Aid requirements.

**To determine eligibility as a potential participant in the Opportunity**  **Grant Scholarship Program, the following points will be considered:**

□ Meet the financial and residency eligibility requirements

□ Complete an application providing all requested information

□ Meet with an Opportunity Grant Scholarship Manager for an intake interview

□ Verification of non-Opp Grant participation at another college

**Your completed packet contains:**

□ Program Application

□ An educational plan completed by an advisor

□ Unofficial copies of college transcripts from other colleges attended (not Pierce)

□ If requested, proof of current income

For more information please contact:

# Fort Steilacoom Campus: Cascade Bldg., Welcome Center 253-912-2357

# Puyallup Campus: Administration Bldg., Room A119 253-840-8329

Pierce College does not discriminate on the basis of race, color, national origin, age, perceived or actual physical or mental disability, pregnancy, genetic information, sex, sexual orientation, gender identity, marital status, creed, religion, honorably discharged veteran or military status, or use of a trained guide dog or service animal in its programs and activities.

# The Opportunity Grant

**Scholarship Application** Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Quarter:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The following information is requested to determine your eligibility for scholarship services. **Please answer every question**. Your information will be kept confidential and used only as outlined in the Information Release Authorization signed at the end of this application. If you need help in completing this application please call **(FS)** **253-912-2357 or (PY) 253-840-8329.**

## Personal Information

Pierce College Student ID#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

  *Last First MI*

Address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *Street City State Zip Code*

Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Pierce email or Personal) Birth Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_\_ Gender: □ Male □ Female

## What is the ethnic group with which you most identify? (Please check one)

|  |  |
| --- | --- |
| □ American Indian or Alaskan Native  | □ Hispanic or Latino  |
|  Tribal Affiliation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  | □ Multi-racial (more than one race)  |
| □ Asian  | □ Native Hawaiian, other Pacific Islander  |
| □ African/African American  | □ White  |
|  **Program Eligibility**  | □ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| • Are you a US citizen?  |  □ Yes □ No  |
| If not, please check one of the following:   | □ Green Card □ VISA  |
| • Are you a resident of Washington State? |  □ Yes □ No  |
|  o How long have you lived in Washington?   | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| • Are you a Military or Dependent?  |  □ Yes □ No  |

 o Do you anticipate receiving veteran’s benefits (GI Bill) support to attend school? □ Yes □ No

* Have you completed the FAFSA/WAFSA? □ Yes □ No Date Submitted (Month/Year) \_\_\_\_\_\_\_\_\_\_\_ o Are you currently receiving a Pell Grant or State Need Grant? □ Yes □ No □ Waiting for Review o If you applied and were not eligible, what was the reason?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Are you receiving, or have you received –

o Opportunity Grant at another college? □ Yes □ No □ Not Sure

o Unemployment benefits (anytime within the last 48 months) □ Yes □ No

o TANF or cash assistance from DSHS? (currently) □ Yes □ No

o SNAP benefits or Food Stamps? (currently) □ Yes □ No

o BFET or WorkFirst at another college? □ Yes □ No

**The Opportunity Grant**

**Scholarship Application, Cont.**

## Monthly Income

|  |  |  |
| --- | --- | --- |
| Source(s) of income: Employment (household)  |   | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
|  Social Security  |   | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
|  Worker’s Compensation  |   | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
|  DSHS  |   | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
|  Unemployment  |   | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
|  Alimony  |   | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
|  Disability  |   | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
|  Child Support  |   | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
|  Veteran’s Benefits  |   | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
|  Other  |   | $\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |

 Your family’s **total monthly income**: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you are claiming zero income, how do you support yourself? Please explain:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Household members:** NAME AGE RELATIONSHIP TO YOU

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**SELF**\_\_\_\_\_\_\_

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you utilize childcare options? □ Yes □ No If yes, approximate cost of childcare per week/month: \_\_\_\_\_

## Educational History

Pierce College Student Status: □ New □ Former □ Currently Enrolled

Do you have a high school diploma or GED? □Yes □ No

If **YES**, what year did you complete? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If **NO**, are you working on getting your diploma or GED within the next 6 months? □Yes □ No

Is attending Pierce College your only college experience? □ Yes □ No

If **NO**, what other college(s) have you attended, including dates? (Attach unofficial copies of transcripts)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you earned an Associate’s Degree? □Yes □ No Bachelor’s Degree? □Yes □ No

Disability Status Optional: Do you have a documented disability? □ Yes □ No If YES, are you a registered student with Access and Disability Services? □ Yes □ No

# The Opportunity Grant Scholarship Application, Cont.

**The Opportunity Grant supports the following Applied Science or Professional/Technical degrees. \*\*Transfer degrees, i.e. AA-DTA, BA, or other transfer related degrees do NOT qualify for this scholarship.\*\* Which program pathway are you interested in pursuing?**

(**FS = Fort Steilacoom Campus PY = Puyallup Campus**)

|  |  |
| --- | --- |
| □ Accounting (PY)  | □ Early Childhood Education (FS)  |
| □ Applied Business – AAS, AAS-T, Business Management (MNGT) with Entrepreneur/Human Resources/Project Management Options. (FS or PY) | □ Emergency Medical Services/Technician “NEW” □ Health Informatics & Integrated Tech. – HIIT (PY) |
| □ Business Information Technology (BTECH) / Admin. Assistant or Medical Billing/Coding (FS or PY) | □ Medical Billing/Coding Certificate (FS or PY) |
| □ CNA (Nursing Assistant Certified) (PY)  | □ Nursing (PY) \*Accepted into the Program\*  |
| □ Computer Network Engineering (PY)  |  □ Pre-Nursing (FS or PY)  |
| □ Construction Management (FS)  | □ Personal Trainer/Kinesiology (FS)  |
| □ Criminal Justice (FS)  | □ Project Management (FS or PY)  |
| □ Database Management (PY)  | □ Social Service-Mental Health (FS)  |
| □ Digital Design (FS)  | □ Veterinary Technology (FS)  |

**I plan to complete an:** □ Associate Degree □ Certificate (3-6 quarters) □ IBEST Certificate only

**Supplemental Application Questions:** Write **3-4 complete sentences** to answer the following questions.

1. What are your goals for coming to college?

1. What are your strengths and weaknesses as a learner? How do you plan to overcome the weaknesses?

1. What would it mean for you to have a college degree or certificate?

## Affidavit of Truth Statement and Release of Information

The information provided in this application is, to the best of my knowledge, accurate and true. I authorize Pierce College to release and exchange any information about me for the purpose of providing services for the Opportunity Grant, including referrals for services, program reports, and school transcripts, and to obtain and share records or data pertinent to my participation from other campus offices and/or the State Board of Community and Technical Colleges. I understand that all information provided will be protected and confidential. If approved, I understand it is my responsibility to inform Pierce College and the Opportunity Grant Manager of any changes in address, phone number, or program of study. I also understand the Opportunity Grant can only pay for approved classes related to my declared degree program.

Student’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



Pierce College Student Agreement

Student Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SID\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The Opportunity Grant Manager and Pierce College staff will work closely with you to provide comprehensive services. If selected for this program, you 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 classes regularly and complete required class assignments.

\_\_\_\_\_ For student support, I will utilize college resources, i.e. Tutoring, Writing Centers, Computer Labs.

\_\_\_\_\_ I will stay in touch with my faculty and Opportunity Grant Manager about issues that arise that impact my attendance in classes and/or hinder academic progress of classes.

\_\_\_\_\_I understand that withdrawing from classes could affect my status with the Opp Grant Program

 and Financial Aid. Prior to dropping classes, I will consult with the Opportunity Grant Manager.

\_\_\_\_\_ I will maintain satisfactory academic progress. A minimum GPA of 2.0 is expected.

\_\_\_\_\_ I will contact my academic advisor quarterly to review my Ed Plan for certificate/degree

 completion. If I change programs, I will inform the Opportunity Grant Manager right away.

\_\_\_\_\_ It is my responsibility to check my Pierce College email for official college correspondence.

\_\_\_\_\_ Quarterly meetings with the Opportunity Grant Manager may be required.

\_\_\_\_\_ Participation in the Opportunity Grant Program is dependent upon having a current FAFSA on file.

 A renewal of FAFSA is required every “academic” year (summer-spring).

**I understand that failure to follow these requirements could affect my participation in the Opportunity Grant Program. 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 Opportunity Grant funds. Acceptance to the program does not guarantee funding.**

Financial Responsibility – Temporary OG holds. (OGHLD)

*Depending on registration and awarding cycle, I understand that my enrolled classes may be put on a temporary tuition hold (OGHLD) so that classes will not be dropped. Should my financial aid, Opportunity Grant or other funding sources not be awarded for any reason, I understand that I will be responsible for paying my tuition and other debts owed to Pierce College* ***if I fail to withdraw from classes by the first day of the quarter.*** *Tuition Debts may be referred to an outside collection agency and I could be held responsible to pay all fees associated with collecting tuition debt if it is referred to an outside collection agency as per allowable by Washington State Law.*

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Student Signature Date