

The following form(s) can be filled in on-line, then printed for signatures and mailing or faxing.

To begin filling out the forms in Acrobat Reader, make sure the '**hand**' tool is selected then click on a line or in a box and begin typing. Check boxes can be clicked on or off.



Worker Retraining Program APPLICATION FOR FINANCIAL AID

Name _____ SSN _____ Date _____

CHECK FUNDS YOU ARE REQUESTING

- | | | | |
|-------------------------------------|--------------------------------------|---|---|
| <input type="checkbox"/> Tuition | <input type="checkbox"/> Application | <input type="checkbox"/> Transportation | <input type="checkbox"/> Books/supplies |
| <input type="checkbox"/> Assessment | <input type="checkbox"/> Parking | <input type="checkbox"/> Lab fees | <input type="checkbox"/> Child care |

Number of people in household including yourself _____

Number of dependent children _____ Ages of dependent children _____

Round trip mileage (home/school/home) _____

List your current average monthly NET income after deductions

Your earnings from work	\$ _____	Social Security	\$ _____
Spouse's earnings from work	\$ _____	Veteran benefits	\$ _____
Public assistance	\$ _____	Other income	\$ _____
Child support	\$ _____		
TOTAL MONTHLY FAMILY INCOME	\$ _____	<input type="checkbox"/> Over guidelines	

Amount of MONTHLY unemployment insurance \$ _____

Estimated date unemployment insurance exhausted _____

Have you applied for Federal Student Aid (financial aid)? Yes No

I declare under penalty of perjury that the information given by me in this declaration is true, correct and complete to the best of my knowledge and realize that willful falsification of this information by me may subject me to penalties as provided in Washington State Law, (RCW 74.08.555). I hereby authorize my employer, Work Source Spokane system and Community Colleges of Spokane to release and exchange information from my records for the purposes of determining eligibility for the Worker Retraining Program and facilitating enrollment, participation and statistical analysis.

Applicants signature _____ Date _____

FOR INTERNAL USE ONLY			
Program of study _____		Program code _____	
Program intent <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> H <input type="checkbox"/> J	Total program credits _____	Credits completed _____	
Yr./Qtr. awarded _____	WRP award \$ _____	Yr./Qtr. awarded _____	WRP award \$ _____
Tuition	\$ _____	Tuition	\$ _____
Books/supplies	\$ _____	Books/supplies	\$ _____
Lab fees	\$ _____	Lab fees	\$ _____
Application	\$ _____	Application	\$ _____
Assessment	\$ _____	Assessment	\$ _____
Childcare	\$ _____	Childcare	\$ _____
Transportation	\$ _____	Transportation	\$ _____
Parking	\$ _____	Parking	\$ _____
Petition to graduate	\$ _____	Petition to graduate	\$ _____
TOTAL AWARD	\$ _____	TOTAL AWARD	\$ _____
Signature of WRP coordinator _____		Date _____	
Signature of FA officer _____		Date _____	