



EARLY ACHIEVERS OPPORTUNITY 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 ►

