

**Workforce Education Application**  
**Worker Retraining, Workfirst, BFET, & Opportunity Grant**

DATE: \_\_\_\_\_  
NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_  
(Last) (First) (MI)  
ADDRESS: \_\_\_\_\_  
(Number & Street) (City) (State) (Zip)  
PHONE: \_\_\_\_\_ / \_\_\_\_\_  
(Day) (Evening)  
E-MAIL ADDRESS: \_\_\_\_\_  
SOCIAL SECURITY #: \_\_\_\_\_ STUDENT ID #: \_\_\_\_\_

Have you lived in Washington State for past 12 months?  YES  NO  
If available, which do you prefer: a  Parking Permit OR  Bus Pass (Not available in all programs)

Current number of people you financially support in your household:  
Self: 1 + Spouse/Partner: \_\_\_\_\_ + School-aged children: \_\_\_\_\_ + Other: \_\_\_\_\_ = Total in household: \_\_\_\_\_

**CURRENT GROSS HOUSEHOLD INCOME**

Your earnings from work: \$ \_\_\_\_\_ circle one: BI-WEEKLY MONTHLY OTHER: \_\_\_\_\_  
Spouse/partner's earnings: \$ \_\_\_\_\_ circle one: BI-WEEKLY MONTHLY OTHER: \_\_\_\_\_  
Child support: \$ \_\_\_\_\_ circle one: PAID RECEIVED  
Public Assistance: TANF: Yes / No Basic Food: Yes/ No GAU / GAX: \$ \_\_\_\_\_/mo  
Unemployment Insurance: \$ \_\_\_\_\_/wk Soc Security: \$ \_\_\_\_\_/mo Veteran's Benefits: \$ \_\_\_\_\_/mo  
Other Income: \$ \_\_\_\_\_ Source: \_\_\_\_\_

**EDUCATIONAL GOAL**

**Goal:** Certificate, degree, or program you want to pursue: \_\_\_\_\_

**Previous Education (circle):** Less than high school High school/GED Some college AA Bachelors Other \_\_\_\_\_

**FUNDING INFORMATION**

<p>Have you received Opportunity Grant funding at any other Washington State Community or Technical College?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>Are you planning on applying for any additional funding?</p> <p><input type="checkbox"/> TAA <input type="checkbox"/> TRAC Associates/Pacific Associates <input type="checkbox"/> Veterans / GI Bill</p> <p><input type="checkbox"/> Federal Financial Aid (FAFSA) <input type="checkbox"/> Other: _____</p>
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STUDENT NAME: \_\_\_\_\_ SID: \_\_\_\_\_

**PERSONAL STATEMENT**

Please describe your personal, academic and career goals.

Please describe how Workforce Education funding can help you overcome barriers and achieve those goals.

**EMPLOYMENT AND TRAINING PLAN:**

Please list any/all job titles that you may be qualified for after completing your training.

\_\_\_\_\_

Please list the skills you will acquire in your training program to qualify for the position(s) above.

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

**EMPLOYMENT AND TRAINING PLAN: PREVIOUS EXPERIENCE**

If employed, current job title: \_\_\_\_\_

Previous Occupation(s) and Employer(s):

\_\_\_\_\_

\_\_\_\_\_

Of Years at Most Recent Company: \_\_\_\_\_

# Of Years in Previous Occupation (any company): \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_ SID: \_\_\_\_\_

**AUTHORIZATION FOR RELEASE OF INFORMATION**

North Seattle College and Workforce Education adhere to FERPA regulations regarding the privacy of student information. The information you give us is confidential. We will share it with our WorkSource partners in order to give you access to employment and training services. Partners typically include Employment Security Department (ESD), Department of Social & Health Services (DSHS), Division of Vocational Rehabilitation (DVR), community colleges, internal office staff North Seattle College (NSC) and partners of the Opportunity Center for Employment & Education (OCE&E). Your signature authorizes this exchange of information and certifies that the above information is true and correct to the best of your knowledge.

I, \_\_\_\_\_, give permission for the Washington State Department of Social and Health Services and North Seattle College to use and share confidential information about me (except as limited below) as necessary for Employment and Training (E&T) activities as required by the Basic Food E&T (BFET) program.

This consent is valid for a maximum of three years from the date signed, unless I withdraw or change my consent in writing.

This consent DOES NOT permit sharing of sensitive information about my mental health, chemical dependency, HIV/AIDS and STD test results, diagnosis or treatment.

I understand that I must fill out a separately approved consent form if I am under 18 years of age, I want to further limit information shared about me, someone else is representing me in this matter, or I want to allow sharing of sensitive information about my mental health, chemical dependency, HIV/AIDS and STD results diagnosis or treatment.

\_\_\_\_\_  
(Student Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Staff Member Signature)

\_\_\_\_\_  
(Date)