

WorkFirst Work Study

Funding Application

Submit your application:

Building 6, Women's Programs & Workfirst Services

Incomplete applications will not be considered.

You must receive TANF/Cash grant from DSHS to apply & be currently enrolled at Highline College.

Transcripts: Include a current Highline CCollege transcript or other college transcripts. (**Unofficial transcripts are acceptable.** To get your Highline unofficial transcript online go to <https://sec.highline.edu/wts/student/waci002.asp>)

- 1) Write a one page letter of application for funding. Please include in your letter, a copy of your resume with the following:

___ Most recent cumulative GPA/transcripts

___ Demonstrated leadership capabilities and involvement in extracurricular or community activities.

___ Demonstrated financial support is necessary to complete your college education or articulate your special circumstances. The demonstrated need does not have to be based on federal financial aid standards.

- 2) Meet with the Women's Programs Advisor for an interview (1-2 appointments).
- 3) Maintain a minimum of 2.0 GPA and successfully complete all courses enrolled each quarter.
- 4) Receive no other federal or state work study financial aid.
- 5) Have room in your financial aid award package for the WorkFirst Work Study Funding.
- 6) Sign the application page verifying all information is correct.
- 7) Attend regular Student Services trainings offered quarterly for professional development.
- 8) Attend quarterly Workfirst cohorts to keep my Workfirst workstudy (WFWS) in good standing.
- 9) Meet with the Highline College Career Center in Bldg 6 and create a MyInterfase login account.

I understand that failure to do any of these things may result in forfeiture of my funding.

Highline College, Women's Programs Office _ P.O. Box 98000, MS 99-248 _ Des Moines, WA 98198-9800
_ Phone: (206) 870-3340

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PLEASE READ CAREFULLY

By signing the application, I understand and accept the conditions and terms of this funding application including maintaining the minimum GPA of 2.0 and successfully completing all course credits I am enrolled at the beginning of each quarter.

I certify that all information I have provided on this form is true and complete to the best of my knowledge. I authorize the release of information on this application and other necessary academic information to the HCC's Women's Programs office and Financial Aid. If awarded a Highline Community College WorkFirst Work Study Funding, I release to Highline Community College Women's Programs the right to use my name and picture for publications, reports and press releases.

WorkFirst Funding Application

July 2016-June 2017

Please fill out the below information

Last Name _____ First _____

Middle Initial _____

Home Phone (____) _____ Cell phone (____) _____ E-mail Address _____

Current Address _____ Apt. No. _____ City _____ State _____

Zip _____

Social Security # _____ - _____ - _____ *

Student ID # _____ Birthdate ____ / ____ / ____

Check one: ___ First-Year Student ___ Continuing Highline Student ___ Re-entering Highline

Check one: ___ Vocational Education ___ Job Skills Training ___ Transfer

Check any one of the following that apply to you: ___ Veteran ___ Single Parent (# of children living with you: _____)

___ Physically Disabled ___ Learning Disabled ___ Financial Aid Recipient ___ First in your family to attend college

___ High School Diploma ___ GED

Previous Colleges Attended

School: _____ Cumulative GPA: _____

Program of study at Highline: _____ Cumulative Highline GPA: _____

Anticipated Enrollment Status at Highline Community College:

___ Full Time (12 or more hours)

___ Time (9 to 11.5 hours)

___ Time (6 to 8.5 hours)

___ Time (3 to 5 hours)

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Will you attend Highline in Summer 2016? ____ Yes __ No

Will you attend Highline in Fall 2016? ____ Yes __ N

Will you attend Highline in Winter 2017? ____ Yes __ No

Will you attend Highline in Spring 2017? ____ Yes ____ No

Are you working? _____ If yes, average hours weekly

Employer _____ Position _____

Have you applied for financial aid or other sources of funding for 2016-2017 year? ____ Yes ____ No

List all financial aid you are currently receiving or plan to receive (Pell, Work First, Worker Retraining, scholarship, loan, tuition waiver, state grant or other).

Applicant's Signature: _____ Date: ____ / ____ / ____

* To comply with federal laws, we are required to ask for your Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN). We will use your SSN/ITIN to report Hope Scholarship/Life Time tax credit, to administer state/federal financial aid, to verify enrollment, degree and academic transcript records, and to conduct institutional research. If you do not submit your SSN/ITIN, you will not be denied access to the college; however, you may be subject to civil penalties (refer to Internal Revenue Service Treasury Regulation 1.6050S-1(e)(4) for more information). Pursuant to state law (RCW28B.10.042) and federal law (Family Educational Rights and Privacy Act), the college will protect your SSN from unauthorized use and/or disclosure.

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