

WorkFirst Work Study

Funding Application

Name _____ Student ID # _____

**Submit your application, resume & statement letter why you want to work at Highline College.
Turn all documents into Jean Munro at bldg. 6 Women's programs**

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 College transcript or other college transcripts and a current quarter class schedule. **Unofficial transcripts are acceptable.** To get your Highline unofficial transcript online go to Online Services for students.

1) Write a one page statement why you want to work at Highline College. 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 2.5 GPA to work in Women's Programs and WorkFirst, & Center For Leadership & Service each student worker needs to check with each department manager on their grade policy (each dept. is different) and successfully complete all courses enrolled each quarter with a 2.0 gpa minimum to continue on Work-Study.

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 CASE 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

PLEASE READ CAREFULLY

By signing the application, I understand and accept the conditions and terms of this funding application including maintaining a minimum of 2.5 GPA for Women's Programs and WorkFirst, Center For Leadership & Service each student worker needs to check with each department manager on their grade policy (each dept. is different) and successfully complete all courses enrolled each quarter and successfully complete each quarter with a 2.0 gpa minimum to continue on Work-Study programs.

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 HC Women's Programs office and Financial Aid. If awarded a Highline College WorkFirst Work Study Funding, I release to Highline College Women's Programs the right to use my name and picture for publications, reports and press releases.

I agree to the above information.

Student signature _____ Date ____/____/____

WorkFirst Funding Application

2018 -2019

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 College:

___ Full Time (12 or more credits)

___ Time (9 to 11.5 credits)

___ Time (6 to 8.5 credits)

___ Time (3 to 5 credits)

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Will you attend Highline in Summer 2019? ____ Yes __ No

Will you attend Highline in Fall 2018? ____ Yes __ No

Will you attend Highline in Winter 2019? ____ Yes __ No

Will you attend Highline in Spring 2019? ____ Yes ____ No

Are you working? _____ If yes, average hours weekly

Employer _____ Position _____

Have you applied for financial aid or other sources of funding for 2018/2019 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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