



**HOUSEHOLD MEMBERS**

|    | NAME | AGE | RELATIONSHIP TO YOU |
|----|------|-----|---------------------|
| 1. |      |     |                     |
| 2. |      |     |                     |
| 3. |      |     |                     |
| 4. |      |     |                     |

**EDUCATIONAL HISTORY**

Did you graduate from High School or complete a GED, Adult High School program, or receive a HS Diploma?

Yes  No If YES, year completed: \_\_\_\_\_

Is Everett Community College your FIRST college experience?  Yes  No

If NO, what other colleges have you attended, including dates and any degree(s), certificate(s) earned:

| COLLEGE | DATES | DEGREE / CERTIFICATE |
|---------|-------|----------------------|
|         |       |                      |
|         |       |                      |
|         |       |                      |

How many credits are you taking THIS quarter? \_\_\_\_\_

Do you have a documented disability?  Yes  No

If YES, is documentation of disability on file with the Center for Disability Services?  Yes  No

Are you taking any medication?  Yes  No

Whom should we contact in case of an emergency? (Please provide emergency contact information below):

| NAME | RELATIONSHIP | PHONE |
|------|--------------|-------|
|      |              | ( ) - |

**EDUCATIONAL GOAL**

- |   |   |
|---|---|
| <input type="checkbox"/> Accounting (Non-Transfer)              | <input type="checkbox"/> Tribal Enterprise Management |
| <input type="checkbox"/> Bookkeeping Certificate                | <input type="checkbox"/> Computer Aided Design (CAD)  |
| <input type="checkbox"/> Business Administration (Non-Transfer) | <input type="checkbox"/> Medical Assistant            |
| <input type="checkbox"/> Composites                             | <input type="checkbox"/> Welding & Fabrication        |
| <input type="checkbox"/> I-BEST Program: _____                  |   |

How did you find out about the Opportunity Grant? \_\_\_\_\_

Are you getting support from another program? Check all that apply:

- |  |  |
|--|--|
| <input type="checkbox"/> Center for Disability Services          | <input type="checkbox"/> Outreach, Diversity & Equity Center |
| <input type="checkbox"/> WorkFirst                               | <input type="checkbox"/> Worker Retraining                   |
| <input type="checkbox"/> BFET (Basic Food Employment & Training) | <input type="checkbox"/> Other: _____                        |

**AFFIDAVIT OF TRUTH STATEMENT AND RELEASE OF INFORMATION**

The information provided on this form is, to the best of my knowledge, accurate and true. I understand that by applying for an Opportunity Grant, I authorize program staff to obtain and share records or data pertinent to my Opportunity Grant Program participation from other campus offices and / or the Washington State Board of Community and Technical Colleges. \_\_\_\_\_ I understand that all information I provide will be protected as confidential.

Your Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# OPPORTUNITY GRANT PROGRAM

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

Please write three or four complete sentences to answer each of the following questions.

1. What are your academic / educational goals at Everett Community College?
2. What are a few of the barriers you are facing that may prevent you from reaching your educational goals?
3. What experiences have you had or skills you possess that will help you succeed in your program of study? What kind of work do you enjoy doing?
4. What other supports, both within and outside of the Everett Community College Community, do you have? Upon whom (or what) do you rely when times are tough?