



Submit this form to:  
opportunitygrant@batestech.edu

STUDENT ID NUMBER:

TODAY'S DATE:

\_\_\_\_\_

LAST NAME

FIRST NAME

MIDDLE INITIAL

PHONE NUMBER

EMAIL ADDRESS

Select the quarter you are applying for:      Fall      Winter      Spring      Summer

Have you lived in Washington State for a least 1 year or longer?      Yes      No

Are you registered for the quarter for which you are applying for?      Yes      No

Have you completed a FAFSA application?      Yes      No

If no, why not?

\_\_\_\_\_

If yes, have you received an awards letter or email from FAFSA?      Yes      No

I am enrolled or going to enroll in:

- |  |                             |                                      |                                 |
|--|-----------------------------|--------------------------------------|---------------------------------|
| Administrative Medical Assistant (AMA) | Dental Assistant            | Occupational Therapy Assistant (OTA) | Commercial Truck Driving (CDL)  |
| Facilities Maintenance Engineer        | Welding                     | Diesel & Heavy Equipment Mechanic    | Biomedical Equipment Technician |
| Electronic Equipment Technician        | Machinist and CNC Machinist | Practical Nurse                      |                                 |

I have used Opportunity Grant at another School.      Yes      No

If yes, at what other school(s) have you used Opportunity Grant funding?

\_\_\_\_\_

How many family members are residing in your household? \_\_\_\_\_

Total Family Income: Input the total monthly income of your household, including everyone who has a job and those receiving unemployment compensation. \_\_\_\_\_

Yes, a representative of Bates Technical College's Financial Aid and/or Workforce Education Services office may contact me in the future either for an exit interview, media contact, or for data tracking purposes

I submit that all of the information provided above is true to the best of my knowledge.

STUDENT SIGNATURE

DATE