



Fall Quarter  
 Winter Quarter  
 Spring Quarter  
 Summer Quarter

## APPLICATION FOR WORKFORCE SERVICES

### Worker Retraining, WorkFirst, BFET, & Opportunity Grant

**PLEASE PRINT CLEARLY**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Preferred Name: \_\_\_\_\_ Birthdate (mm/dd/yy): \_\_\_\_\_  
 SID: \_\_\_\_\_ SSN: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

Have you lived in Washington for the last 12 months? Yes No  
 Have you applied for financial aid (FAFSA or WAFSA)? (Required to apply within 90 days) Yes No  
 Have you received Opportunity Grant funds at any other Washington State community or technical college? Yes No  
 Are you a U.S. Veteran or in transition from the military? Yes No If yes, please list discharge date \_\_\_\_\_  
 Have you received unemployment benefits within the last 4 years? Yes No Have you received a layoff notice? Yes No  
 Are you receiving basic food assistance? Yes No  
 Are you receiving TANF (Temporary Assistance for Needy Families)? Yes No

### CURRENT SKILLS & EDUCATION

Do you have a previous credential? Yes No If so, please indicate below:  
 Certificate - date received (mm/yy): \_\_\_\_\_ Major: \_\_\_\_\_  
 Associates - date received (mm/yy): \_\_\_\_\_ Major: \_\_\_\_\_  
 Bachelors/Masters - date received (mm/yy): \_\_\_\_\_ Major: \_\_\_\_\_

### WORK EXPERIENCE

No work experience in the past year

Most recent employer: \_\_\_\_\_ Are you at risk of being laid off? Yes No  
 Job Title: \_\_\_\_\_ Type of job (select one) Full Time Part Time Seasonal  
 Start date (mm/yy): \_\_\_\_\_ End date: \_\_\_\_\_ or Still current:

## ADDITIONAL INFORMATION

Do you have a disability that requires special accommodations? If yes, please describe below.

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Briefly describe below any challenges that you might face in completing your college program (i.e. medical/dental/vision, legal, housing, etc). Also describe how you will try to overcome these and how we may be able to help.

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**Please note that you may be requested to bring additional documentation to verify your eligibility.**

The course I plan to enroll in: \_\_\_\_\_

**I understand that Workforce Education Services Funding is designed to support students with limited financial aid and that I am expected to apply for Financial Aid through the FAFSA (Free Application for Federal Student Aid). I further understand that if I am awarded WES Funding, any student loans I have applied for may be reduced or canceled quarterly which will allow me to receive WES support funds and will decrease the amount of debt I will incur while in school.**

**I understand that I will be responsible for all tuition and fees due for any reason, to include providing incorrect, incomplete, or inconsistent financial aid information or I am not maintaining satisfactory progress or attendance.**

**I understand that I will be responsible for any and all expenses, including but not limited to, books, supplies, transportation, childcare, housing, and any additional educational costs.**

**I appear to be eligible for Workforce Education Services. If for any reason I am found to be ineligible or not approved, I will be fully responsible for all tuition and fees due. This is not a guaranteed award, but an award estimate is pending.**

## RELEASE OF INFORMATION

"I, \_\_\_\_\_, give permission for the Washington State Department of Social and Health Services and Bates Technical 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 BFET and TANF programs. 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 manner, or I want to allow sharing of sensitive information about my mental health, chemical dependency, HIV/AIDS and STD test results, diagnosis or treatment."

I certify that the information provided is true to the best of my knowledge. I authorize the following partners and agencies to exchange any information required for my enrollment and funding in the Workforce Programs: Employment Security, Worker Retraining partners, WorkSource/ WIOA agency partners, DSHS, other federal or state agencies, schools or colleges, and community based organization. I am also aware that the information I have provided is subject to review and verification and I may be asked to provide documentation to support this application for program funding. This institution is an equal opportunity provider.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date (mm/dd/yy)

**\*\*PLEASE CONTINUE TO THE NEXT PAGE TO COMPLETE THE WORKER RETRAINING DETERMINATION FORM\*\***

### OFFICE USE ONLY

Ejas ID \_\_\_\_\_

Comments:

Applying for:    WRT                      OG                      BFET                      TANF