

Opportunity Grant at WWCC



Eligibility Requirements:

- Must be a Washington resident
 - Undocumented/DACA eligible with proof of WA residency.
 - Students with international citizenship are ineligible.
- Must be pursuing one of the following programs:
 - Nursing/Pre-Nursing
 - Medical Assisting
 - Medical Administrative Assistant
 - Energy Systems
 - Diesel Technology
 - Criminal Justice
- Must be low-income as defined by federal guidelines
- Must not have earned above an Associate's degree

Opportunity Grant provides:

- Up to 45 credits or three years of tuition, *whichever comes first*.
- Up to \$1000 per year towards books and supplies.
- Potential assistance with costs of transportation, tools, or childcare.

For more information, contact:

Walla Walla Campus

Holly Cranston

509-524-5191

holly.cranston@wwcc.edu

Clarkston Campus

Randi Brott

509-758-1261

randi.brott@wwcc.edu

WWCC Opportunity Grant Funding Application

Name of person who referred you: _____ Organization: _____

Demographic Information

Full Name: _____

SID#: _____ SSN: _____ Walla Walla Campus Clarkston Campus

Address: _____
Street address City State Zip

Local Phone: () _____ Cell: () _____ Other: () _____

Email: _____

in Household (includes yourself, spouse, and/or dependent children): _____ # of dependents under 18: _____

Dependent ages: _____ Do you have childcare resources for your dependents? Yes No

Financial Resources

Have you ever received Opportunity Grant funding at another community or technical college? Yes No

If yes, at what school and when? _____

Have you submitted a FAFSA for 2022-2023? Yes No Plan to Submit

Have you submitted a FAFSA for 2023-2024? Yes No Plan to Submit

Have you submitted an Aid Adjustment (change of income/circumstances)? Yes No Plan to Submit

Employment Information

Are you currently employed?

Yes Employer Name _____ Hours/week _____

No

Do you plan to work while attending school? Yes No

Are you looking for work currently? Yes, full-time Yes, part-time No

If you are looking for career resources, please visit: www.wwcc.edu/career-services/

Education Information

Education Achieved to Date (check all that apply):

- High school
- GED/ABE
- Associate's degree
- Bachelor's degree
- Other: _____

Which program are you pursuing at WWCC?:

- Medical Assisting
- Medical Administrative Assistant
- Pre-Nursing/Nursing
- Diesel Mechanics
- Energy Systems
- Criminal Justice

WWCC Opportunity Grant Funding Application

Career Goals

In one or two paragraphs, please describe your educational and/or career goals, as well as what motivates you to complete a degree here at WWCC:

Potential Challenges & Supportive Resources

Please indicate what challenges you face to pursuing an education at WWCC:

- Transportation issues
- Child care
- Disability/Learning challenges
- Financial need/living expenses
- Family/personal issues
- Limited technological experience
- Other:

How can we best support your educational goals? Check all that apply:

- Career advising
- Financial coaching
- Job search/resume help
- Help with technology
- Personal counseling
- Help with test anxiety
- Study skills/tutoring
- Other:

WALLA WALLA COMMUNITY COLLEGE WORKFORCE INITIATIVES PROGRAM AUTHORIZATION FOR MUTUAL EXCHANGE OF CONFIDENTIAL INFORMATION

I, _____, authorize the mutual exchange of confidential information between: Walla Walla Community College Advising and Counseling Center, BFET/WorkFirst, Warrior Resources, Perkins Program and Worker Retraining regarding my eligibility, employment status, career assessment, planning, training, follow-up, childcare/transportation needs and other Opportunity Grant/WorkForce training related information.

I understand that this may include information such as my Social Security number, class schedule, major, federal financial aid award, number of GED tests passed, and attendance. *This information will also include exchange of information regarding childcare, job search, re-employment efforts, and barriers to professional technical training. The information exchanged will be specific to my participation in Opportunity Grant/WorkForce Training and professional technical training plans.*

This release will remain in effect for the duration of my involvement in Opportunity Grant.

Participant's Signature

Date

Opportunity Grant Student Monthly Budget



Name: _____ SID: _____

Number of people in household: _____ (includes yourself, spouse/significant other, and dependent children)

Childcare needed? Yes No Round trip mileage to WWCC per week: _____

Monthly Expenses		Monthly Earnings/Income	
Rent/Mortgage		Wages (including spouse or significant other)	
Utilities (water, electric, gas)			
Telephone/Cell		Unemployment benefits	
Cable/Internet		Veterans benefits	
Car Payment		Public Assistance (TANF)	
Car Insurance		Food benefits (SNAP)	
Medical Insurance		Social Security	
Credit Card payment		Child support	
Groceries/Household items		Student Aid (includes grants, loans, and scholarships) <i>Make sure to divide by months in the term!</i>	
Childcare			
Transportation/Fuel			
Miscellaneous		Other Income (Voc Rehab, L&I, Dislocated Worker, etc.)	
Savings (monthly amount you put in)			
TOTAL:		TOTAL:	

How to calculate monthly student aid:

<p>Total Aid Award for the quarter:</p> <ul style="list-style-type: none"> - Tuition: - Books: - Supplies: - Tools: <hr/> <p>= _____ ÷ 3 (months in quarter)</p> <p>= _____ <i>This is your monthly aid amount.</i></p>	<p>EXAMPLE:</p> <p>Total Aid Award for the quarter: \$4500</p> <ul style="list-style-type: none"> - Tuition: \$1900 - Books: \$600 - Supplies: \$100 - Tools: \$400 <hr/> <p>= \$1500 ÷ 3 (months in quarter)</p> <p>= \$500 <i>This is your monthly aid amount.</i></p>
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Student Signature

Date

WWCC Opportunity Grant Student Contract

Congratulations and welcome to the Opportunity Grant program! In order for you to benefit from the program's services, it is important that you understand our commitment to you as a student and your role as a program participant. Our staff will be working closely with you to provide comprehensive services, and as a participating student, you will be responsible for the following:

Opportunity Grant Expectations	<ul style="list-style-type: none"> ▪ Meet with Opportunity Grant Coordinator for an intake session. ▪ Take all assessments recommended by the Opportunity Grant Coordinator. ▪ Attend all scheduled appointments or notify our office if you need to reschedule. ▪ Complete the FYE 101 class. ▪ Participate in an exit interview when you exit the Opportunity Grant program (due to expended eligibility, graduation, or other reasons).
General Expectations	<ul style="list-style-type: none"> ▪ Work with advisors/instructors to develop and implement an Education Plan for finishing your degree or certificate. ▪ Make progress in your academic program, attend classes regularly, and keep up with class assignments. ▪ Meet with your academic advisor within one week if you receive an Academic Early Warning notice. ▪ Meet with your advisor to review your academic progress. ▪ Talk with your advisor or the Opportunity Grant Coordinator about any academic or personal issues that may hinder your educational progress. ▪ Talk to your advisor prior to adding or dropping any classes. ▪ Inform us of changes to your address, email, or phone number. ▪ Meet with your academic advisor quarterly to plan for the next term.

To activate your participation in this program, please read the following statements, then sign and date below:

- *I understand the program expectations and accept my responsibilities as a participating student in the Opportunity Grant program. I give the program staff permission to access all campus information and to share my outcomes with partner agencies.*
- *I agree to contact the Opportunity Grant staff with any address change(s) if I should move after I exit the program. I understand that the staff will contact me each year for two years following my exit from the Opportunity Grant program to follow-up on my progress toward my goals.*
- *I understand that funding is contingent upon a number of factors that include my eligibility, federal and state guidelines, and funding availability within the Opportunity Grant budget.*

Student Signature

Student Name (printed)

Date