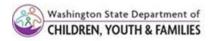


☐ Student Support Services

☐ Worker Retraining Assistance







EARLY ACHIEVERS GRANT, SCHOLARSHIP APPLICATION

Please fill in all sections in blue or black ink. Return the completed application to the program office.



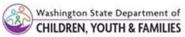
CONTACT IN	FORMA	TION				
Name (Last, Firs	st, M.I.)					
Street Address						
City, State, Zip (Code					
Home Phone: _		Cell: _		Email:		
STARS ID:		Student ID:	D	ate of Birth (mm/dd/yy	yy):	
Preferred Learn	ing Langu	lage(s) (spoken/written):		/		
CHILD CARE	EMPLO	YMENT				
To qualify for thi	is grant, yo	u must be employed in a q	ualifying role at an Early A	chiever site and classroon	n.	
Position Title:	☐ Owne	er/Licensee (Family Home	e) 🖵 Dire	ector/Assistant Director/I	Program Supervisor	
	☐ Lead	Teacher	tant Teacher			
Employer:		Emplo	oyer's Address:			
			oyer Type: 🚨 Family Ho			
					edule: hours/week	
Ages of Children	n Served: _	Your Rate of	Pay Per Hour (optional): _			
EDUCATION						
_	•		ge student 🛮 I am a ret	-		
	•				eted?	
	•	,	School Diploma:			
Previous college	es or class	es attended:				
SCHOOL / CO	LLEGE	CITY, STATE	DATES ATTENDED	FOCUS OF STUDY	CERTIFICATES / DEGREE EARNED	
SUPPORTIVE	E RESOU	IRCES				
			services through any com	munity programs?		
Check all that app			<i>,</i>	71 3		
☐ Financial Aid (Pell Grant, State Need Grant, Work Study, Loans)			☐ Work Source / WIA	Washingtor Social and H	Washington Department of Social and Health Services	
☐ Adult Basic Education/GED			☐ Trade Act	☐ I-BEST	☐ I-BEST	
☐ English as a Second Language		☐ WorkFirst or WorkFirst Financial Aid	Career Expl	Career Exploration, Job Search Services or Career Assessment		

☐ Disability Support Services

☐ Displaced Homemakers Assistance

☐ Other(s):_____





Early Achievers Grant, Scholarship Application, page 2

Please write a paragraph telling us why you want to be in the Early Achievers Grant program?

STUDENT COMMITMENT

My signature below indicates that, if I am selected, I understand and agree that;

- I am responsible for attending all my classes regularly.
- I am required to check in with my ECE Advisor / coordinator each quarter.
- I am required to maintain a minimum of a 2.0 GPA and complete a minimum of 50% of the credits attempted each quarter.
- I am responsible for maintaining up-to-date contact information with both Registration and Financial Aid offices.
- I give permission for my name and picture to be used to publicize this scholarship program, or I will leave written instructions on file with my advisor regarding restrictions.
- I hereby authorize the release of my academic records for the purpose of:
 1.) Determining eligibility 2.) Accessing student services 3.) Meeting reporting requirements and 4.) Analyzing the success of the grant program.

Signature	Date	
Printed Name		