

## OPPORTUNITY GRANT APPLICATION

STUDENT INFORMATION					
Last Name	First Name	Middle	Social Security #		
Student ID Number		Marital Status		Sex F <input type="checkbox"/> M <input type="checkbox"/>	
Email		Cell	Birth Date		Age
Street Address		City	State	Zip	Home Phone #
Occupation		Employer		Employer Phone #	
Referred by ( check one box): <input type="checkbox"/> Financial Aid Office <input type="checkbox"/> OC Publication/Media <input type="checkbox"/> Family / Friend <input type="checkbox"/> Community Organization <input type="checkbox"/> OC Staff <input type="checkbox"/> Other (list) <input type="checkbox"/> VA <input type="checkbox"/> Student					

APPLICANT INFORMATION			
		Yes	No
1.	Have you applied for financial aid using the FAFSA (Free Application for Federal Student Aid)?	<input type="checkbox"/>	<input type="checkbox"/>
2.	Do either of your parents have a college degree?	<input type="checkbox"/>	<input type="checkbox"/>
3.	Have you taken the Accuplacer exam? Score:	<input type="checkbox"/>	<input type="checkbox"/>
4.	Are you working part-time or full-time?		
5.	Are you working in your field of study?	<input type="checkbox"/>	<input type="checkbox"/>
6.	Are you receiving TANF money, VA benefits, GAU, L & I, SSI Disability Benefits, Unemployment, Work First, or Worker Retraining benefits? <b>(Please circle all that applies to you.)</b>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Are you a high school graduate?	<input type="checkbox"/>	<input type="checkbox"/>
8.	Do you have a GED?	<input type="checkbox"/>	<input type="checkbox"/>
9.	Do you have an Associate Degree or Bachelor Degree?	<input type="checkbox"/>	<input type="checkbox"/>
10.	Are you or your spouse in the military?	<input type="checkbox"/>	<input type="checkbox"/>
11.	Have you been a Washington State residence for the past year?	<input type="checkbox"/>	<input type="checkbox"/>
12.	Do you have children living with you? How many?	<input type="checkbox"/>	<input type="checkbox"/>
13.	Do you need assistance with paying for childcare?	<input type="checkbox"/>	<input type="checkbox"/>
14.	Number of family members living with you? <span style="float: right;">Gross monthly income?</span>		
15.	What degree or certificate are you pursuing?		
16.	Who is your Advisor?		
17.	What is your expected completion / graduation date?		
18.	Are you interested in on-campus organizations, Student Clubs or the Multi-cultural Center?		
19.	What workshops interest you? <input type="checkbox"/> Financial aid/scholarships <input type="checkbox"/> Study skills <input type="checkbox"/> Test taking tips <input type="checkbox"/> Job search <input type="checkbox"/> Stress relief techniques <input type="checkbox"/> Time management <input type="checkbox"/> Resume writing <input type="checkbox"/> Other		
20.	What are your plans after you complete your program at Olympic College? <input type="checkbox"/> Look for work <input type="checkbox"/> Continue working at present job <input type="checkbox"/> other		

21.	(Optional) Were you ever in the foster care system? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, did you stay until you were 18? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>(Foster to School Grant purposes)</b>
22.	How will you get to OC? <input type="checkbox"/> Personal auto <input type="checkbox"/> Bus <input type="checkbox"/> Car pool <input type="checkbox"/> Walk What is your back up plan for transportation?

**REASON FOR APPLYING**

Briefly explain how you will benefit from receiving the Opportunity Grant. Please address your personal, academic & career goals.

**STUDENT SIGNATURE**

Signature of Applicant:

Print Name:

Date:

**Return completed Application to: Opportunity Grant Office  
College Service Center, Third Floor #305  
1600 Chester Ave, Bremerton, WA 98337  
360.475.7675 fax: 360.475.7174**

Date Received in Opportunity Grant Office: \_\_\_\_\_

**OPPORTUNITY GRANT COORDINATOR ONLY**

Reasons for Denial:

- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> Over income level    | <input type="checkbox"/> Default financial aid   | <input type="checkbox"/> Selective service issues | <input type="checkbox"/> Not resident for 1 year |
| <input type="checkbox"/> Full financial award | <input type="checkbox"/> No social security card | <input type="checkbox"/> Non citizen status       | <input type="checkbox"/> Has BA or AA            |
| <input type="checkbox"/> No OG funding        |  |   |  |

**Coordinator Signature:**

**Date Reviewed:**