



APPLICATION FOR WORKFIRST FINANCIAL AID

Program Location: (Please check one) Yakima Grandview

Quarter & Year: Fall Winter Spring Summer

Program of Study: _____ Advisor: _____

Certificate AAS Degree

Student ID Number _____ - _____ - _____ Social Security Number _____ - _____ - _____

CONFIDENTIAL INFORMATION

PLEASE PRINT IN INK

Name _____ Maiden Name _____
Last Name First Name M.I. Last Name

Address _____ City _____

State _____ Zip _____ Home or Message Phone _____ Work Phone _____

U.S. Citizen? Yes No If no, please provide proof of citizenship

Currently Receiving TANF? Yes No - Date Last Received TANF _____

CSO _____ Case Manager _____ Phone _____ Fax _____

Ejas # _____

FAFSA

Have you applied for Federal Financial Aid - FAFSA? Yes - Date Applied: _____ No

I declare under penalty of perjury that the information given by me in this declaration is true, correct and complete to the best of my knowledge and realize the falsification of this information by me may subject me to penalties as provided in the Washington State Law. RCW 74.08.055 I hereby authorize my employer, my DSHS Case Manager/Child Care Coordinator, the Employment Security Department, Division of Child Support, and Yakima Valley Community College to release and exchange information from my records for the purposes of determining eligibility and facilitating my enrollment and participation.

Student Signature _____ Date _____

Office Use Only

Eligible Not Eligible

Tuition Deferred Date ____/____/____

Program Code: _____ Intent Code: _____ TANF 74

Previous WFFA Funding: _____

Tuition _____ Fees _____ Books _____ Total Requested \$ _____

Student File Checklist:

- IRP
- Ed Plan
- Program Code: _____
- Quarter Class Schedule
- Transcript
- Photo ID/Resident Card
- Social Security Card
- Unusual Action Print-out

College Representative Signature _____ **Date** _____

Fiscal Initial _____ **Unmet Need Amount \$** _____ **Date** _____

Comments:
