

PRIVATE CAREER SCHOOLS AND COLLEGES 2023-24 WORKER RETRAINING PROGRAM

Appendix A: Student Information and Attestation of Eligibility

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1.	Criteria	a for Individual Student Eligibility (check one):		
	Dislocated Worker, claiming UI benefits: Laid-off or otherwise lost employment through no of their own <u>and</u> actively claiming WA state UI benefits.			
	i.	Required Documentation: eServices portal printout or most recent UI check stub.		
☐ Dislocated Worker, exhausted benefits: Is unemployed a 48 months.		ated Worker, exhausted benefits: Is unemployed and has exhausted UI benefits within the nths.		
	ii.	Required Documentation: eServices portal printout showing exhausted UI benefits within the past 48 months.		
	Dislocated Worker, received notice of lay-off.			
	iii.	Required Documentation: Lay-off notice from employer <u>and</u> current WA state UI Monetary Determination form. Student must provide acceptable documentation when they start claiming UI.		
	Vulnerable Worker, Expanded Eligibility Policy: Meets two of three published criteria.			
	iv.	Required Documentation: Evidence occupation "not in demand", self-attestation and/or employer statement.		
	☐ Stop Gap Employment : Student has taken a stop gap job as defined in published eligibil guidelines.			
	V.	Required Documentation : Self-sufficiency calculator, recent pay stub showing income at or below 70% of Washington's Median Family Income, or signed Worker Retraining Self-Attestation.		
(a) has been dependent on the income of another family member but lost that sup		ced Homemaker: Has been providing unpaid services to family members in the home and a been dependent on the income of another family member but lost that supporting within the last 24 months; and (b) is unemployed, or underemployed as defined in the tyguidelines.		
	vi.	Required Documentation: Signed attestation by eligible student supported by a copy of WA state legal document, such as divorce decree, legal separation, death certificate. If employed, proof that net earned income (pay stub or tax return) is at or below 70% of Washington's Median Family Income.		
		rly Self-Employed: Unemployed as a result of general economic conditions in the WA state unity in which the individual resides, or as the result of a natural disaster.		
	vii.	Required Documentation: Attestation by eligible students, most recent tax return indicating self- employment, <u>and</u> proof of economic condition or natural disaster that resulted in unemployment.		

	Active Duty Military Member: Active duty military service member with an official notice of separation.					
	viii. Required Documentation: Official notice of separation.					
	Unemployed Veteran: Separated from the U.S. armed services in the last 48 months, is a WA state resident, and is currently unemployed.					
2.	 ix. Required Documentation: DD214 (discharge papers) showing a separation date within the past 48 months <u>and</u> a WA state-issued identification card. SBCTC Disclaimer: Student Social Security Number 					
	The Washington State Board for Community and Technical Colleges (SBCTC) pursuant to RCW 28B.50.090 authorizes this organization to ask you to provide your social security number. The number will be used for keeping records, research on students in general, and summary reporting. Your number also will be provided to SBCTC. SBCTC gathers information about students and programs to meet state reporting requirements. It also helps to plan, research and develop programs. This information helps to support the progress of students and their success in the workplace and other educational programs. When conducting research, your social security number will only be disclosed in a manner that does not permit personal identification. Your social security number will never be used to report personal information. By providing your social security number, you are consenting to these uses as identified. Provision of your social security number and consent to its use is not required and if you choose not to do so, you will not be denied any right, benefit, or privilege provided by law. You may revoke your consent for the use of your social security number at any time.					
3.	Student Information					
Ν	ame: Home Phone Number:					
	ocial Security Number:ome Address:					
C	ity, State, Zip:					
4.	Student Attestation: I hereby attest that I meet the eligibility criteria checked in question one (above) and wish to apply for WRT funds to assist me with tuition at my chosen PCSC. I have provided the most current documentation available to substantiate my eligibility. I understand that Worker Retraining funds will pay for tuition only.					
5.	Student Acknowledgement of Receipt (SAR): I have been provided with information about the program completion and placement rates of the program of study and the career or occupational outlook for this program of study in the local labor market.					
Stu	dent Signature: Date:					

Enrollment and Registration Information

THESE SECTIONS MUST BE COMPLETED BY THE PRIVATE CAREER SCHOOL OR COLLEGE

Program Information	Response
Program Title:	
CIP Code ¹ :	
Program Start Date:	
Program End Date ² :	
First Date Eligible for WRT Funding:	
Program Tuition ³ :	

Complete all that apply to this program:

	Clock Hours	Quarter Credits	Semester Credits
Total # in program:			
Total # in fiscal year (7/1/23-6/30/24):			

¹CIP codes are on the <u>SBCTC website</u>.

²Students enrolled in programs that span two or more fiscal years must be re-screened for eligibility each fiscal year. Eligibility documentation must be completed prior to receiving funding for each fiscal year.

³The total amount received through WRT may only be applied toward tuition, not books or fees. WRT payments cannot exceed the total tuition charged (tuition includes registration fees and lab fees, but does **not** include kits, supplies, or books).