



Application

Early Achievers Opportunity Grant

Name: _____ DOB _____

Address: _____

Student ID# _____ Phone: _____

Email: _____

Are you a Washington resident? YES NO If yes, how long? _____

Have you applied for financial aid (FAFSA): _____

What date did you apply for FAFSA: _____

What program degree or certificate are you pursuing: _____

Are you planning on attending full or part time for classes? _____

Have you received Opportunity Grant funding at any other Washington State College: _____

If so, what college: _____

Please write a brief essay to describe why you need this grant.

Please have your Supervisor or Director fill this section out:

Does the person named at the top of the application currently work a minimum of 10 hours a week or 40 hours at month? YES NO

Have they worked at your site longer than 3 months? YES NO

Is your site participating in the Department of Early Learning's Early Achievers Site (QRIS) program? YES NO

If yes, what is your rating _____

Name and address of Site: _____

Affidavit of Truth Statement: The above information I provide is accurate and true.

Supervisors/Director signature: _____

Supervisors/Director Print Name: _____

You will also need to supply 3months worth of documentation (pay stubs) for verification of employment to go into your file.

By signing this document you are stating that the above information on this form is accurate and true. You also are signing that you may be contacted in the future; either for an exit interview, media contact, Early Achievers Opportunity Grant satisfaction survey or data tracking purposes.

Signature of Applicant

Print Name

Date