

New Beginnings Program Application

Program Provisions:

- * For economically disadvantaged students pursuing a career or technical education certificate or degree
- * Must meet household income requirements
- * Textbooks and either child care or gasoline reimbursement offered

To apply please return the completed application with the following:

Required Documentation:

- * *Proof of Enrollment:* Class Schedule or Statement of Student Account
- * *Household gross income:* If unable to verify through Financial Aid, we will need paycheck stubs, letter from employer, etc.
- * *Proof of custody or guardianship of your children:* copy of children's birth certificate or social security card

Income Guidelines

Family Size/Monthly Income Limit	
<u>1</u>	<u>\$2,560</u>
<u>2</u>	<u>\$3,348</u>
<u>3</u>	<u>\$4,136</u>
<u>4</u>	<u>\$4,924</u>
<u>5</u>	<u>\$5,712</u>
<u>6</u>	<u>\$6,500</u>
<u>7</u>	<u>\$6,648</u>
<u>8</u>	<u>\$6,795</u>
<u>9</u>	<u>\$6,943</u>
<u>10</u>	<u>\$7,091</u>

Textbook Loans

Textbooks are to be returned at the end of each semester. If not returned, a **hold** will be placed on the student's transcript, registration privilege, and grades. Fines will be assessed if books are not returned on time.

Child Care

Child care services will only be **provided for actual class/lab times**. We do not pay for child care during the holidays or the week of finals.

Gasoline Reimbursement

Gasoline reimbursement is only for those students driving 40 miles or more per round trip. (Gasoline reimbursement may be terminated at any point in the year due to lack of funding at the discretion of the New Beginnings Coordinator).



Contact and Application Submission Information:

Jane Robinson, New Beginnings Coordinator
Phone: (940) 552-6291, ext. 2325
Email: jrobinson@vernoncollege.edu
Fax: (940) 552-6387
Mail: 4400 College Drive, Vernon, TX 76384
Website: vernoncollege.edu/new-beginnings

VERNON COLLEGE NEW BEGINNINGS APPLICATION

Application Date ____/____/____ Semester/Year Benefits Needed: _____

Name _____ SSN _____
(Last) (First) (MI) Student ID _____

Mailing Address _____
(Street) (City) (State) (ZIP)

Residence Address (if different from mailing address) _____
(Street) (City)

(State) (ZIP) Phone # _____ Date of Birth _____

Ethnicity: White African American Hispanic Asian American Indian International Native Other

Campus: (Circle all applicable) Vernon Century City SLC STC Seymour

Have you received New Beginnings benefits previously? ___No ___Yes
If yes, what was the last semester that benefits were received? _____

How did you hear about the New Beginnings Program?
___ College Website ___ Facebook ___ Friend Referral ___ Campus Advertising ___ Other

Marital Status: ___ Single ___ Married ___ Separated ___ Widowed ___ Divorced
Education: ___ GED ___ Year
___ High School Diploma ___ Year

Number of Dependent Children ___ Number of Household Members _____
Names of Household Members Dates of Birth

(Use back of sheet if needed ->)

Do you receive Financial Aid Benefits? Yes ___ No ___ Total Gross Monthly Income \$ _____

Do you receive any assistance from the following sources?
___ PELL ___ DARS ___ Food Stamps ___ TANF ___ Housing ___ VA
___ WIA ___ Loans ___ Medicaid ___ WIC ___ Free Lunches ___ Other

Intended Certificate/Degree _____ **must be career or technical education to qualify

I am interested in the following services: (check all that apply)
___ Cosmetology kit ___ Nurse Pack ___ Textbooks
Choose **one** of the following:
___ Child care during class time
or ___ Gas Reimbursement (over 40 miles round trip)

Academically Disadvantaged:
___ Failed one or more sections of the Accuplacer, or any TSI placement test
___ Enrolled in one or more developmental classes ___ Ranked in the bottom quarter of high school class

Other:
___ English is not my native language ___ Disability ___ Documented Learning Disability

Revised 11/15

Office Use Only:
FTI: _____ SSA: _____ FA: _____ WFCC: _____

STATEMENT OF FINANCIAL RESOURCES

I affirm that the financial information I have provided the Vernon College New Beginnings Coordinator is accurate and that I have no other financial resources at this time.

STATEMENT OF CAREER AND TECHNICAL EDUCATION

I understand that the New Beginnings program is intended to serve only those students who have a **career and technical education** major. If I am presently undecided as to which workforce major I will choose, I fully intend to choose a certificate or associate degree in the workforce field at Vernon College **within the first semester of enrollment**. I am only allowed one change to my intended workforce major and will only receive funding through the completion of one degree/certificate. I also understand that pre-requisite semesters will be limited. *Intended career and technical education major:* _____

STATEMENT OF FINANCIAL AID ELIGIBILITY

I understand that receiving gasoline reimbursement or textbook assistance from New Beginnings may affect my financial aid eligibility, including loans. (Please contact the financial aid office, if you have a question how it might affect your financial aid eligibility).

Signature

Social Security Number

Date

STATEMENT OF CHILD CARE

All students requesting child care assistance must apply with Workforce Solutions Child Care, a state subsidized organization by completing the attached Workforce Solutions application. The application will be forwarded to the WSCC office. If you are contacted by the WSCC staff, you must provide all information requested. If you are eligible for New Beginnings, your child care assistance will be funded until you are approved for WSCC. If you do not comply with this policy, you **WILL** be dropped from New Beginnings child care assistance. You must notify New Beginnings when you are approved by WSCC. Please sign the following acknowledgement and return with the attached WSCC application to our office when you file your NB application.

Student Name : _____

SS#: _____

I understand that students receiving child care assistance from Vernon College **must apply for state subsidized child care assistance** with Workforce Solutions Child Care (940)723-8774 or (800)232-8359.

I will apply for assistance with Workforce Solutions Child Care, and I understand that I must **call WSCC every two months** to update my application, and **accept** Workforce child care assistance when it is offered.

I understand that failing to seek or accept state subsidized child care assistance is grounds for immediate termination of child care assistance from Vernon College.

I give my permission for New Beginnings staff to contact WSCC in regards to my child care.

Student Signature

Date

DATE: _____

Workforce Solutions Child Care

New/Update

PLEASE CALL BACK IN 60 DAYS!

Case # _____

Phone: 940-723-8774 or 1-800-735-2989

Fax: 940-723-1818

NAME _____ SS optional _____ Gender ____ DOB _____

MAILING ADDRESS: _____

PHYSICAL ADDRESS: _____

HOME PHONE: _____ CELL PHONE: _____ EMAIL: _____

Are you working, in training or going to school: (Circle One) . . . Explain below:

Employer _____ Phone: _____ **GMI=\$** _____

Approx. Hrs. per week _____ Hr. rate/Salary _____ Contact: _____

How often paid? Weekly _____ Biweekly _____ Twice monthly _____ Monthly _____

Job Title: _____ Duties: _____ Date of Hire: _____

School or Training _____ Major _____ # of current hrs. _____ Class Schedule: _____

Marital Status: (Circle One) Married Single Separated Divorced Widowed Spouse Incarcerated

Hispanic/Latino Yes No

Race: (Circle One) White; Black or African American; American Indian or Alaskan Native; Asian; Hawaiian Native or Pacific Islander

Citizenship: (Circle One) U.S Citizen Refugee/Parolee Permanent Resident Alien Other Eligible Non-Citizen

Is there another adult/caregiver in the home? YES / NO If yes, what relation are they to your children? _____

Are they working, in training, going to school or *disabled (* Dr. statement required)? (Circle One)

Explain below:

NAME _____ SS # _____ DOB _____

Employer _____ Phone: _____

Hr. rate/salary _____ Hrs. worked per week _____

How often paid? Weekly _____ Biweekly _____ Twice monthly _____ Monthly _____ **GMI=\$** _____

School or Training _____ Major _____ # of current hrs. _____

Hispanic/Latino Yes No

Race: (Circle One) White; Black or African American; American Indian or Alaskan Native; Asian; Hawaiian Native or Pacific Islander

Citizenship: (Circle One) U S Citizen Refugee/Parolee Permanent Resident Alien Other Eligible Non-Citizen

How many people live in the home? _____ **Are you or your spouse deployed military** Yes__ No __

Do you receive any type of assistance? SSI disability \$ _____ SSI death benefit \$ _____ TANF \$ _____ NONE

List child(ren) name receiving support _____

Do you receive child support? YES NO If yes, Amount/How often? \$ _____

Self-Declared _____ Attorney General _____ List child(ren) name receiving the support _____

If "No" above, have you filed for child support? YES NO **GMI=\$** _____

Does your child(ren) have a disability or special needs? YES NO Receives SSI? Yes or No If yes list child and amount \$ _____

Explain: _____

Are you or your spouse a Qualified Vet? YES NO **FAMILY GMI \$** _____

Highest Grade Completed: _____ **Are you a foster child with a child?** YES NO

CHILD/CHILDREN	U S Citizen Yes or no (If no explain)	Race	Hispanic Yes or no	Gender	Social Security Number optional	Date of Birth