

New Beginnings Program Application

Program Qualifications:

- * Must be pursuing a career or technical education certificate/degree or an approved academic transfer major
- * Must meet household income requirements

Benefits Available:

- * Textbooks AND **EITHER** child care **OR** gasoline reimbursement

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; or other custody documents as requested

- * *Proof of your application for financial aid:*
Copy of EFC available at fafsa.gov website

****Documentation is not required to submit an application**, however, it must be provided before eligibility is determined and services are provided.

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 registration privileges.

Fines may be assessed if books are not returned on time.

Child Care

Child care services will only be **provided for actual class/lab/clinical times**. We do not pay for child care during school holidays & semester breaks.

Gasoline Reimbursement

A student must be driving **30 miles or more round trip to class/lab/clinical**. (Gasoline reimbursement may be terminated or lowered during a semester due to lack of funding at the discretion of the New Beginnings Coordinator).

Income Guidelines

Household Size/Monthly Income Limit

1	\$3,802
2	\$4,971
3	\$6,141
4	\$7,311
5	\$8,481
6	\$9,650
7	\$9,870
8	\$10,089
9	\$10,308



Contact and Application Submission Information:

Jane Robinson, New Beginnings Coordinator

Phone: (940) 552-6291/696-8752, 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) _____

Phone # _____ Email: _____ Date of Birth _____

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

Campus: (Circle all applicable) Vernon Century City STC

Have you received New Beginnings benefits previously? ___No ___Yes if yes, when _____
Did you previously receive a degree/certificate from Vernon College? ___No ___Yes if yes, when _____

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

Number of Dependent Children _____ Number of Household Members _____

Household Members (Not including yourself)

	Name	Birthdate	Relationship
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

* If more space is needed please list on back of this page or attach additional sheet.

Do you receive Financial Aid Benefits? ___No ___Yes If yes, what kind _____

You are required to apply for a PELL grant. *If you have not, please do so and provide documentation from the Vernon College Financial Aid department for your records.

Total Gross Monthly Household Income \$_____ (including earnings, child support, etc.)

Do you receive any assistance from the following sources?

___ PELL	___ Voc Rehab	___ Food Stamps	___ TANF	___ Housing	___ VA
___ WIOA	___ Loans	___ Medicaid	___ WIC	___ Free Lunches	___ Other
___ DARS	___ Catholic Charities	___ Work Force Solutions			

Intended Certificate/Degree _____ **must be a career or technical education or an approved academic transfer major to qualify.

I am interested in the following services: (check all that apply)

___ Textbooks Choose ONLY one of the following:
___ Barber/Cosmetology Kit either ___ Child care (during class/clinical time)
___ Nurse Pack or ___ Gas Reimbursement (must be at least 30 miles round trip)

Office Use Only:

FTI: _____ SSA/Schedule provided: _____ FA approval: _____

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 EDUCATION/DEGREE MAJOR

I understand that the New Beginnings program is intended to serve only those students who have a **career and technical education** major or an **approved academic transfer** 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 major and will only receive funding through the completion of one degree/certificate. I also understand that pre-requisite semesters will be limited. *My intended career and technical education major or approved academic transfer degree is:* _____

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, at 940-552-6291, ext. 2208, if you have a question regarding how it might affect your financial aid eligibility.)

Signature (affirming the above three statements)

Social Security Number

Date

STATEMENT OF CHILD CARE

I am applying for child care through New Beginnings. I realize that the New Beginnings staff will be contacting the daycare provider of my choice to establish a contract for partial payment of my child/children's daycare expenses. I understand that I am responsible to notify the New Beginnings office of any changes. Including, changes in my class schedule; dropping all of my classes; if my child/children are absent from daycare for more than three days; or if I stop taking my child to the contracted day care provider.

***I will report if Workforce Solutions Child Care starts paying my child care costs. I know that I may NOT receive both New Beginnings child care assistance and child care assistance from Workforce.**

My chosen daycare provider is_____.

Their address and phone # are_____.

The names of my child/children needing child care are_____.

If New Beginnings is unable to provide your child care another available child care assistance program is Workforce Solutions Child Care. You may contact them at (940) 723-8774 or (800) 232-8359.

I give my permission for New Beginnings staff to contact my chosen daycare provider or Workforce Solutions Child Care in regards to my child care, if necessary.

Student Name: _____ SS# _____

_____ Date _____

Student Signature