

New Beginnings Application Update



(This form is ONLY for students who received benefits in the previous semester.)

***Which semester are you applying for: (circle one) Fall Spring or Summer**

*** A copy of your official class schedule is required for this semester.**

To apply for next semester benefits, current New Beginnings students must complete this form and return it to the New Beginnings office. Required documentation is not required in order to submit an application, but must be provided before eligibility is determined.

If you are receiving Financial Aid, your income will be verified through the VC financial aid department, all other students must provide current verification of household income.

Name: _____ Student ID#: _____ Phone #: _____

Mailing Address: _____

Residence Address: _____ Email address: _____

Current number of persons in your household: _____

Have there been any changes in your household size since last semester? ____ Yes ____ No

If yes, please list all changes (including names and birthdates) in the household: _____

Last semester you received New Beginnings? _____ Did you receive a degree/certificate? _____

Total household income (including child support): _____ Source of income: _____

***You must apply for Financial Aid and provide a copy of your EFC (see fafsa.gov).**

Major (must be enrolled in a career or technical education program or approved academic transfer major to qualify):

*** A copy of your official class schedule is required.**

Benefits requested: ____ Textbooks ____ Barber/Cosmetology Kit ____ Nurse Pack **and/or**

Choose either: ____ Gas Reimbursement or ____ Child Care (not both)

Please list your **chosen daycare provider:** _____ **phone #:** _____

address: _____ The names of my child/children needing child care:

YOU may not receive child care assistance from both New Beginnings & Workforce Child Care.

I understand that this program serves students who are enrolled in a career or technical education program or an approved academic transfer major and qualify based on income. All information that I have provided, including my finances are accurate. If approved I agree to report any and all changes effecting my benefits. If I am applying for child care, I give my permission for NB staff to contact the daycare of my choice or the Workforce Solutions Child Care program, if necessary.

Signature _____

Date _____

New Beginnings Contact Information:

Phone: (940)552-6291/696-8752 ext. 2325 Fax: (940) 552-6387 Email: jrobinson@vernoncollege.edu

Office Use Only:

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

Revised 10/22