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

* 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 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 school holidays.

Gasoline Reimbursement
A student must be driving 40 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).

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

<table>
<thead>
<tr>
<th>Family Size/Monthly Income Limit</th>
<th>$2,758</th>
<th>$3,607</th>
<th>$4,456</th>
<th>$5,305</th>
<th>$6,154</th>
<th>$7,003</th>
<th>$7,162</th>
<th>$7,321</th>
<th>$7,480</th>
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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 Seymour

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 _____ Separated _____ Widowed _____ Divorced

Education: ______ GED ______ Year

High School Diploma _______ Year

Number of Dependent Children _____ Number of Household Members _______

Names of Household Members Dates of Members’ Birth
1. __________________________ 1. __________________________
2. __________________________ 2. __________________________
3. __________________________ 3. __________________________

*attach additional sheet, if needed

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
a copy of your EFC (available through fafsa.gov).

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

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)

___ Cosmetology kit Choose ONLY one of the following:
___ Nurse Pack either ___ Child care (during class/clinical time)
___ Textbooks or ___ Gas Reimbursement (over 40 miles round trip)

Revised 2/19

Office Use Only:
FTI: _________ SSA: _________ FA: _________ WSCC: _________
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 prerequisite semesters will be limited. Intended career and technical education major or approved academic transfer degree: ________________________________

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 regarding how it might affect your financial aid eligibility at 940-552-6291, ext. 2338).

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 also understand that I am responsible to notify the New Beginnings office of any changes. These include: changes in my class schedule or if I drop all 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, etc.

My chosen daycare provider is________________________________________ their phone #____________
The names of my child/children needing child care:
____________________________________________________________________________________

If New Beginnings is unable to provide your child care, another available child care assistance program is Workforce Solutions Child Care. You may access their application online on their website or 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 WSCC in regards to my child care, if necessary.

Student Name: _______________________________ SS# _______________________________
________________________________________ Date __________________________

Student Signature

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