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

**Income Guidelines**

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<th>Household Size/Monthly Income Limit</th>
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**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 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).

**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     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  Education:  _____ GED  _____ Year

_____ Separated  _____ Widowed  _____ High School Diploma  _____ Year

_____ Divorced

Number of Dependent Children_______  Number of Household Members________

Household Members (Not including yourself)

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<thead>
<tr>
<th>Name</th>
<th>Birthdate</th>
<th>Relationship</th>
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* 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 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?

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<tbody>
<tr>
<td>PELL</td>
<td>Voc Rehab</td>
<td>Food Stamps</td>
<td>TANF</td>
<td>Housing</td>
<td>VA</td>
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<td>WIOA</td>
<td>Loans</td>
<td>Medicaid</td>
<td>WIC</td>
<td>Free Lunches</td>
<td>Other</td>
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<td>DARS</td>
<td>Catholic Charities</td>
<td>Work Force Solutions</td>
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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)

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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. 2338, 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

Revised 10/22