

New Beginnings Program Application

Program Provisions:

- * For economically disadvantaged students pursuing a career or technical education certificate/degree or approved academic transfer major
- * 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
- * *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.

Income Guidelines

Family Size	Monthly Income Limit
1	\$2,758
2	\$3,607
3	\$4,456
4	\$5,305
5	\$6,154
6	\$7,003
7	\$7,162
8	\$7,321
9	\$7,480

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

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 _____
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
- ___ Nurse Pack
- ___ Textbooks

Choose ONLY one of the following:

- either ___ Child care (during class/clinical time)
- 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 pre-requisite 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