

# 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 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 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).

### Income Guidelines

Family Size/Monthly Income Limit

1	\$3,024
2	\$3,954
3	\$4,884
4	\$5,814
5	\$6,744
6	\$7,675
7	\$7,849
8	\$8,024
9	\$8,198

### Contact and Application Submission Information:

Jane Robinson, New Beginnings Coordinator

Phone: (940) 552-6291/696-8752, ext. 2325

Email: [jrobinson@vernoncollege.edu](mailto:jrobinson@vernoncollege.edu)

Fax: (940) 552-6387

Mail: 4400 College Drive, Vernon, TX 76384

Website: [vernoncollege.edu/new-beginnings](http://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)

Table with 3 columns: Name, Birthdate, Relationship. Rows 1, 2, 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  
\_\_\_ 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)

- \_\_\_ Cosmetology/Barber 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 3/21

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. *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, 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.

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 Workforce Solutions Child Care in regards to my child care, if necessary.

Student Name: \_\_\_\_\_ SS# \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

Student Signature