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:**     Income Guidelines
* 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).

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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<th>Name</th>
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*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  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 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 prerequisite 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

Revised 3/20