

New Beginnings Application Update



In order to be considered for next semester benefits, current New Beginnings students must complete this form and return it to the New Beginnings office. Required documentation is not required in order to submit an application, however, it must be provided before eligibility is determined and services provided.

If you are receiving Financial Aid, your income will be verified through the VC financial aid department, all other students must provide current verification of household income.

Name: _____ Student ID#: _____ Phone #: _____

Mailing Address: _____

Residence Address: _____ Email address: _____

Current number of persons in your household: _____ Have there been any changes in your household size since last semester? ____ Yes ____ No If yes, please list all new members' names and dates of birth or list who has left the household: _____

When was last semester you received New Beginnings? _____ Did you receive a degree/certificate? _____

Total household income (including child support): _____ Source of income: _____

***You must apply for Financial Aid and provide a copy of your EFC (see fafsa.gov).**

***A copy of your official class schedule is required for this semester.**

Major (must be enrolled in a career or technical education program or approved academic transfer major to qualify):

Benefits requested: ____ Textbooks ____ Nurse Pack ____ Cosmetology Kit **and/or**

Choose either: ____ Gas Reimbursement or ____ Child Care (not both)

Please list your **chosen daycare provider:** _____ **phone** _____

The names of my child/children needing child care:

*(If NB is unable to provide child care, another available child care program is Workforce Solutions Child Care. You may access their application online or contact them at (940-723-8774.)

I understand that this program serves students who are enrolled in a career or technical education program or an approved academic transfer major and qualify based on income. All information that I have provided, including my finances are accurate. If approved I agree to report any and all changes effecting my benefits. If I am applying for child care, I give my permission for NB staff to contact the daycare of my choice or the Workforce Solutions Child Care program, if necessary.

Signature

Date

New Beginnings Contact Information:

Phone: (940)552-6291/696-8752 ext. 2325 Fax: (940) 552-6387 Email: jrobinson@vernoncollege.edu

Office Use Only:

FTI: _____

SSA: _____

FA: _____

WSCC: _____

Revised 2/19