

UNEMPLOYED/UNDEREMPLOYED SPACE-AVAILABLE TUITION WAIVER APPLICATION

Submit the following documentation ☐ Income verification (as it may app	* *			
 Most recent tax forms; proof of parents and/or spouses income OR Most recent W-2 OR A minimum of four consecutive check stubs (most recent) 				
☐ If receiving Basic Food through D☐ Proof of WA Unemployment InsurWIA 001 Report for 26 Weeks from	rance Eligibility: must provide U	Jnemployment staten	nent and obta	ain form
Student Name:		SID:		
Address:				
City:	State:	Zip Code:		
Phone Number:	Email:			
PROGRAM ELIGIBILITY				
Are you receiving aid from the fol	llowing? <i>Please check all th</i>	at apply.		
☐ DSHS Food Benefits ☐ DSHS	3 TANF Grant □ Social Sec	urity/Disability Ben	efits	
Are you currently receiving Unem	nployment Benefits? ☐ Yes	□ No If yes	, start date?)
Have you received Unemployme	nt Benefits in the last two ye	ars?		
☐ Yes ☐ No If yes, star	t date? End	date		
Are you a Washington State Res	ident? ☐ Yes ☐ No			
How long have you lived continu	iously in Washington State	? Year(s)	Month(s)
Have you completed the FAFSA	or WASFA for this current y	ear?	□ Yes	□ No
Are you receiving financial aid for	r school such as a Pell Gran	it or State Grant?	☐ Yes	□ No
AFFIDAVIT OF TRUTH STATEM. The information provided on this form an Unemployed/Underemployed Waiv to my participation from other campus understand that all information will be the application process is complete.	is, to the best of my knowledge, er Program, I authorize program office and/or the Washington St	accurate and true. I un staff to obtain and sheate Board of Commun	are records o ity and Techr	r data pertinent ical Colleges. I
Student Signature		 		