

Please note that to be considered for WA Grant for Apprenticeship (WG-A), you cannot be in default on a state student loan or owe repayment of a state grant; cannot have earned a bachelor's degree or higher; must be a Washington State resident, must have a high school diploma or GED; and cannot have used 5 years of Washington College Grant (WCG) / WA Grant (WG-A) eligibility.

APPRENTICESHIP PROGRAM INFORMATION

1) Apprenticeship Program:		2) Program Sponsor:	
3) Program Start Date:	4) Projected End Date:		

APPLICANT INFORMATION

5) Legal Name (Last Name, First Name, Middle Initial):		6) Date of Birth (MM/DD/YYYY):	
7) Preferred Name:		8) SSN or ITIN:	
9) Race/Ethnicity*: (Select all that apply)	Hispanic or Latino American Indian or Alaskan Native Asian or Pacific Islander	Black White Other	10) Gender*: (Select one) Male Female X/Non-Binary

*Responses to questions 9-10 are requested, but optional.
Responses will not affect your eligibility for the WG-A program & will be used for statistical data reporting purposes only.

11) Street Address:			
12) City:	13) State:	14) Zip/Postal Code:	15) Cell Phone:
16) Email Address:			17) Alternate Phone:

18) Are you a Washington resident? Yes No
(Living in WA 1 or more years primarily for purposes other than postsecondary education)

19) What is your high school completion status? High School Diploma Home Schooled	GED Certificate None of the Above	20) What is your current highest level of education? Less than HS HS Diploma or GED Certificate of Completion	Associate Degree Bachelor's Degree Postbaccalaureate Degree
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21) Have you previously or are you currently receiving financial aid from any school? No Yes (Provide Details):
Previous Year Current Year What school(s): _____

22) Are you currently receiving services from any of the following public assistance programs? No Yes
If "Yes," please select the program(s) you receive assistance from:
Aged, blind, or disabled assistance benefits under RCW [74.62](#)
Essential needs and housing support program benefits under RCW [43.185C.220](#)
Pregnant women assistance program financial grants under RCW [74.62.030](#)
Other: _____

By signing this application, you certify that all the information you provided is true and complete to the best of your knowledge, and you agree, if asked, to provide information that will verify the accuracy of your completed form. You also certify that you do not owe a refund or repayment for any Washington state financial aid programs and are not in default on any state loan program. Any participant who obtains state aid by means of a willfully false statement or failure to reveal any material fact, condition, or circumstance affecting eligibility will be subject to applicable civil and criminal penalties and repayment of all state aid funds received.

Additionally, by signing this application, you give permission for the Washington Student Achievement Council, Washington State Labor & Industries, and the Apprenticeship Program Sponsor listed on this application, to use and share confidential information about you as necessary for the WA Grant for Apprenticeship program – as required to determine your eligibility and monitor your ongoing participation and eligibility. This consent is valid for a maximum of three (3) years from the date signed unless you withdraw or change your consent in writing.

23) Signature of Applicant: _____ **Date:** _____

Applicant's Legal Name: _____
 Last Name, First Name, Middle Initial

DEPENDENCY STATUS

24) Were you born before January 1, 2000? Yes No

25) As of today, are you married? (Also answer "Yes" if you are separated but not divorced.) Yes No

26) As of July 1, 2023, will you be working on a masters or doctorate program? Yes No

27) Are you currently serving on active duty in the U.S. Armed Forces for purposes other than training? Yes No

Answer "Yes" if you are currently serving in the U.S. Armed Forces or are a National Guard or Reserves enlistee who is on active duty for other than state or training purposes.

Answer "No" if you are a National Guard or Reserves enlistee who is on active duty for state or training purposes.

28) Are you a veteran of the U.S. Armed Forces? Yes No

Answer "Yes" (you are a veteran) if you (1) have engaged in active duty (including basic training) in the U.S. Armed Forces or are a National Guard or Reserves enlistee who was called to active duty for other than state or training purposes or were a cadet or midshipman at one of the service academies; and (2) were released under a condition other than dishonorable.

Also answer "Yes" if you are not a veteran now but will be one by June 30, 2024.

Answer "No" (you are not a veteran) if you (1) have never engaged in active duty (including basic training) in the U.S. Armed Forces; (2) are currently an ROTC student or a cadet or midshipman at a service academy; (3) are a National Guard or Reserves enlistee activated only for state or training purposes; or (4) were engaged in active duty in the U.S. Armed Forces but released under dishonorable conditions.

Also answer "No" if you are currently serving in the U.S. Armed Forces and will continue to serve through June 30, 2024.

29) Do you now have, or will you have children who will receive more than half of their support from you between July 1, 2023, and June 30, 2024? Yes No

30) Do you have dependents (other than your children or spouse) who live with you and who receive more than half of their support from you, now and through June 30, 2024? Yes No

31) At any time since you turned age 13, were both your parents deceased, were you in foster care, or were you a dependent or ward of the court? Yes No

Answer "Yes" if at any time since you turned age 13:

- ◆ You had no living parent, even if you are now adopted; or
- ◆ You were in foster care or a dependent or ward of the court, even if you are no longer in foster care today or a dependent or ward of the court today. For federal student aid purposes, someone who is incarcerated is not considered a ward of the court.

The apprenticeship sponsor may require you to provide proof that you were in foster care or a dependent or ward of the court.

32) Has a court in your state of legal residence determined that you are an emancipated minor or that someone other than your parent or stepparent has legal guardianship of you? Yes No

Answer "Yes" if you are now an adult but were in legal guardianship or were an emancipated minor immediately before you reached the age of 18.

Answer "No" if the court papers say "custody" rather than "guardianship."

33) At any time on or after July 1, 2022, were you determined to be an unaccompanied youth who was homeless or were self-supporting and at risk of being homeless? Yes No

Answer "Yes" if your situation was determined by a) your high school or district homeless liaison, b) the director of an emergency shelter or transitional housing program funded by the U.S. Department of Housing and Urban Development, or c) the director of a runaway or homeless youth basic center or transitional living program.

34) Do you have an unusual circumstance and cannot provide parental information? Yes No

Certain circumstances such as being a victim of human trafficking, having legal granted refugee or asylum status, or parental abandonment or estrangement or incarceration may allow you to submit your application without providing parental information.

Not all situations are considered an unusual circumstance. The following situations do **not** qualify as an unusual circumstance:

- ◆ You do not live with your parent(s), or your parent(s) do not want to provide their information on your application
- ◆ Your parents don't provide you with financial support or refuse to contribute to your program expenses
- ◆ Your parents don't claim you as a dependent on their income tax return

If you answered "Yes," please see #44 for additional information you will need to provide.

If you answered "Yes" to any of the questions above: Complete the financial information and household information on page 3 as an independent applicant. Do not provide parent household and income.

If you answered "No" to all the questions above: Complete the financial information and household information on page 3 as a dependent applicant and provide information for your parent's household and income.

Applicant's Legal Name: _____ <div style="display: flex; justify-content: space-between; font-size: small;"> Last Name, First Name, Middle Initial </div>		
FINANCIAL & HOUSEHOLD INFORMATION		
35) What is your dependency status? Independent (go to question 39) Dependent (go to question 36)		
36) What is your parent's name?	37) What is your parent's email	
38) As of today, what is the marital status of your parents? (go to question 40) Married or unmarried and both legal parents living together as of ____/____ Remarried (after being widowed or divorced) as of ____/____ Never married (and not living together), divorced, or separated as of ____/____ Widowed as of ____/____ N/A		For financial aid purposes, a married couple is considered legally separated by a state or if the couple is legally married but has chosen to live separate lives, including living in separate households, as though they weren't married. If you and your spouse are separated but living together, select "Married/Remarried," not "Separated."
39) As of today, what is your marital status? N/A Single (never married) Married or remarried as of ____/____ Separated as of ____/____ Divorced or widowed as of ____/____		
40) What is your household size? _____	If you are considered independent , please provide information for your household, including yourself, spouse (if married or remarried), and those that you provide more than half of their support for. If you are dependent , please provide your parent's household information (which includes you—even if you no longer live with them) and your parent's income information. If your parents were Never Married (and not living together), Divorced, or Separated, provide information for the parent you lived with most during the last 12 months. If you didn't live with one parent more than the other, provide information about the parent who provided more financial support during the last 12 months, or during the most recent year that you received support from a parent.	
41) Including yourself, how many members of your household will be in college or in an apprenticeship between July 1, 2023, and June 30, 2024? (Do not count parents of Dependent applicants.) _____		
42) Total Family Income for 2021 IRS Tax Year: \$ _____		
43) Between July 1, 2023, and June 30, 2024, will you receive other forms of assistance for your apprenticeship? No Yes (Select Types and Provide Amounts): Opportunity Scholarship \$ _____ Other Scholarships \$ _____ Employer Reimbursements \$ _____ Trade Act \$ _____ Other: (Specify) _____ \$ _____		
44) Do you have any special circumstances? No Yes (Provide Details Below): <ul style="list-style-type: none"> If your household income reported in question 37 has dramatically changed (such as a loss of an income due to being laid off); or If you selected "Yes" on question 31 for an unusual circumstance, Use the space below to provide a written statement about your circumstance. Attach additional pages if necessary. You will also need to submit third-party documentation to your Sponsor Financial Aid Administrator (SFAA) to validate your statement (such as layoff notice from work or court documents). Provide as many details and supporting documents as possible, so your SFAA can determine if your situation qualifies as a special circumstance.		
By signing this application, you certify that all the information you provided is true and complete to the best of your knowledge, and you agree, if asked, to provide information that will verify the accuracy of your completed form. Any participant who obtains state aid by means of a willfully false statement or failure to reveal any material fact, condition, or circumstance affecting eligibility will be subject to applicable civil and criminal penalties and repayment of all state aid funds received.		
45) Signature of Applicant: _____ Date: _____		
46) Signature of Parent (if dependent): _____ Date: _____		

****TO BE COMPLETED BY SPONSOR FAA**** SPONSOR FAA ELIGIBILITY DETERMINATION FORM				
Applicant's Legal Name: _____ <small style="display: flex; justify-content: space-between; width: 100%;"> Last Name, First Name, Middle Initial </small>				Sponsor:
Program Name: _____				
Year in program: _____		Hours per year in program: _____		
Yes	No	N/A	Standard	Notes
			High School Completion	
			WA Residency	
			Bachelor's Degree or Higher	
			WCG-Connect	
			Satisfactory Program Progress	
Independent Dependent HH size: _____ # in college: _____ MFI: _____				
WG-A Award Amount July 1-June 30: \$ _____ No. of months covered by award amount: _____				
WA Bridge Grant amount: \$ _____ Tuition/fees, equipment, books & supplies: \$ _____				
Notes (include any notes to support documenting professional judgement for special circumstances, disproportionate awarding rationale, etc.):				
Sponsor FAA Signature:				Date: