2023-2024
OPPORTUNITY GRANT
APPLICATION

CONTACT INFORMATION

Name: _____ **Student ID #:** _____

Address: _____

Phone Number: _____ **Program:** _____ **Start Date:** _____

DEMOGRAPHICAL INFORMATION

Ethnicity:

- ◯ Hispanic
- ◯ White
- ◯ African American/Black
- ◯ Asian/Pacific Islander
- ◯ Native American
- ◯ Other

Age:

- ◯ Less than 25
- ◯ 25 – 34
- ◯ 35-49
- ◯ 50-64

Gender:

- ◯ Male
- ◯ Female

QUESTIONNAIRE

1. Have you previously attended college? ◯ **Yes or** ◯ **No**

   1a. If **YES**, have you earned an Associate's Degree or Bachelor's Degree? ◯ **Yes or** ◯ **No**

2. Have you been a Washington State resident for 1 year or more? ◯ **Yes or** ◯ **No**

3. Have you received Opportunity Grant funds at another school? ◯ **Yes or** ◯ **No**

4. I give my permission to be contacted in the future for an exit interview, media contact, or data tracking purposes. ◯ **Yes or** ◯ **No**

STUDENT STATEMENT- MUST BE TYPED (MINIMUM 200 WORDS)

Your statement **MUST** contain the following:

- What led you to choose Perry Technical Institute and your field of study?
- What are a few of the barriers or obstacles you are facing that may prevent you from reaching your educational goals?
- How will receiving the Opportunity Grant make a difference for you?
- Tell us about your career goals after you complete your program at Perry Technical Institute.

RELEASE OF INFORMATION AND AFFIDAVIT OF TRUTH STATEMENT

The information provided on this form is, to the best of my knowledge, accurate and true. I understand that by applying for the Washington State Opportunity Grant, I authorize Perry Technical Institute staff to obtain and share records or data which is pertinent to the Washington State Opportunity Grant Program participation from other campus offices and/or the Washington State Board of Community and Technical Colleges. I understand that all the information I provide will be protected as confidential.

Print Name: _____ **Student ID:** _____

Signature: _____ **Date:** _____

Please return application to: financialaid@perrytech.edu

*****FINANCIAL AID OFFICE USE ONLY*****

Application Status: ☐ Approved or ☐ Denied

Comments:

A. Period of Enrollment: Start Date: _____ End Date: _____

B. Program Title: _____ Quarter Credit Hours: _____

C. Program Tuition Cost: $_____

NOTE: LIFETIME TOTAL PER STUDENT IS $2,800 APPLIED FOR TUITION AND FEES ONLY. (NO TOOLS)

Financial Aid Administrator Signature: _____ **Date**: _____