

POLK STATE COLLEGE CARES GRANT APPLICATION FORM

PARTICIPANT INFORMATION

Last Name	First Name	Middle Initial	Student ID (If applicable)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
City	Street Address		Social Security Number
<input type="text"/>	<input type="text"/>		<input type="text"/>
State	Zip	County	Email Address
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cell Phone	Alternate Contact Name		Alternate Relation & Phone #
<input type="text"/>	<input type="text"/>		<input type="text"/>

GENERAL INFORMATION

Citizenship Status	Gender	Race	
<input type="checkbox"/> US Citizen	<input type="checkbox"/> Male	<input type="checkbox"/> Amer. Indian / Alaskan Native	<input type="checkbox"/> Asian
<input type="checkbox"/> US Permanent Resident	<input type="checkbox"/> Female	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Hispanic / Latino
<input type="checkbox"/> Lawful alien with right to work		<input type="checkbox"/> White	<input type="checkbox"/> Other

PROGRAM & FINANCIAL NEED

Applied for Pell Grant?	Eligible for Pell Grant?	Academic program you wish to enroll in?
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="text"/>
<input type="checkbox"/> No	<input type="checkbox"/> No	
Are you unemployed, laid off, at risk of being laid off, or underemployed*?		Do you or family need financial assistance?
<input type="checkbox"/> Yes		<input type="checkbox"/> Yes
<input type="checkbox"/> No		<input type="checkbox"/> No

I certify, by my signature, that I have read and acknowledge that the information on this form is accurate. I understand that it is my responsibility to submit any changes of address, phone number, employment, pay status, or course of study. Information is being provided to establish eligibility for training and employment services under various state and federal grants and is subject to all applicable Federal and State confidentiality laws. The EO data must be maintained in a manner that allows the individuals from whom the data was collected to be identified, and that ensure confidentiality.

I understand that my participation in the program is voluntary. By signing below, I consent to participate in program and attest that the information provided is complete and accurate to the best of my knowledge. This information may include, but shall not be limited to: school records, financial aid information, grade records, attendance records, employment information, medical records, public assistance records, employment information and vocational rehabilitation assessment or evaluation tools. I understand that I may revoke this consent at any time by providing a written statement indicating that my consent to the release of information is no longer given to the party(ies) previously granted permission. I authorize the release of information relative to my participation in this program to required third parties. The principal purpose for collecting this information is to administer the program, including tracking and evaluating participant progress. I also authorize the release of any information relative to my placement, employment, and training to and from prospective employers, training institutions, state agencies, and federal agencies for the duration of the grant.

Participant's Signature: _____ Date: _____ Staff Initials: _____

Polk State College is an equal opportunity employer. Auxiliary aids and services are available upon request to individuals with disabilities. All voice telephone numbers listed may be reached by persons using TTY/TDD equipment via the Florida Relay Service at 711.

*PRIVACY ACT STATEMENT: Pursuant to 42 U.S.C. 1320b-7 (a) (1) (Social Security Act) and 7 C.F.R. 273.6, disclosure of your social security number is mandatory. Social security numbers will be used by the Agency for program administration including verification purposes, distinguishing one individual from another, and for tracking and reporting purposes.