WEATHERFORD COLLEGE
1869
WORKFORCE EDUCATION

WORKFORCE EDUCATION GRANT 2026-2027

Internal Use:
Date: _____
Time: _____
Acceptor: _____
All Tax Docs: _____

Student Information:

Name:	**Student ID Number:**
Phone Number:	**Email:**
Program	**County:**
Campus:	**Date of Birth:**

Student Loan Disclosure:

Are you in default on any student loans? **Yes** ☐ **No** ☐

Defaulting on any student loans will prevent the ability to receive any required state/federal licenses.

Have you applied for FAFSA/Pell for the current school year? **Yes** ☐ **No** ☐
(Aug 2026-July 2027)

Was the student's parent or guardian killed in the line of duty while (1) serving on active duty as a member of the U.S. armed forces on or after September 11, 2001, or (2) performing official duties as a public safety officer?

Yes ☐ **No** ☐

Dependency Status Questions:

Were you born before January 1, 2003?	Yes ◯	No ◯
As of today, are you married or separated?	Yes ◯	No ◯
Do you have any dependent children?	Yes ◯	No ◯
Are you an orphan or ward of the court?	Yes ◯	No ◯
Are you an emancipated minor? (Must provide court documents)	Yes ◯	No ◯
Are you homeless or at risk of being homeless?	Yes ◯	No ◯
Are you on active duty or a veteran of the Armed Forces?	Yes ◯	No ◯

ADA Statement

Any student with a documented disability condition (e.g. learning, psychiatric, vision, hearing, etc.) may contact the Coordinator of ADA/ Special Populations Office in the Student Services Building, Room 17K or call (817) 598-6308 to request reasonable classroom accommodations. Students may also email accommodations@wc.edu

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Student Financial Information

All students will complete this form.

Completion of all fields on this application page is required, and attach one of the following.

1) **Copy of the student's signed 2024 IRS Form 1040,**
2) **IRS 1040 Tax Transcript , or**
3) **IRS proof of non-filing.**

Entries such as **$0** or **N/A** must be used when a response is not applicable.

How many people are in your household? (Include self)		
Did you, the student, file taxes in 2024?	**Yes** ◯	**No** ◯
Student's current amount in cash, savings, checking account, and investments:		
Does the student receive federal means-tested benefits? (*SSI, SSDI, TANF, WIC, SNAP, Medicaid*)	**Yes** ◯ *(must provide proof of benefits)*	**No** ◯
Amount of child support received in 2024: (if applicable)		
Have there been any changes to your household since 2024?	**Yes** ◯	**No** ◯
If yes, explain how:		

Dependent Status Section		
If **any** dependency status question from page 1 is answered **"Yes,"** this section may be skipped. If **all** dependency status questions are answered **"No,"** all fields in this section of the application are required and submit a copy of the **family's signed 2024 IRS Form 1040, IRS 1040 Tax Transcript or proof of non-filing**.		
As of today, your parents/guardians are:		
Parent/Guardian's 2024 filing status:		
Student's Parent/Guardian(s) 2024 combined adjusted gross income: *(This information is found on IRS form 1040, line 11.)*		
Student's Parent/Guardian(s) current amount in cash, savings, checking account, and investments:		
Does the house receive federal means-tested benefits? (*SSI, SSDI, TANF, WIC, SNAP, Medicaid*)	**Yes** ◯ *(must provide proof of benefits)*	**No** ◯
Amount parent received in child support in 2024: (if applicable)		
Have there been any changes to parent/guardian household since 2024?	**Yes** ◯	**No** ◯
If yes, explain how:		

SELECTIVE SERVICE STATEMENT OF REGISTRATION STATUS & SIGNATURES

In accordance with Texas Education Code, Section 51.9095, male students must file a Selective Service Statement of Registration Status with their institution or other entity granting financial assistance. For more information or to check your status with the Selective Services System visit sss.gov

Required: Please mark one option below:

◯	I was born female and not required to register
◯	I was born male and am under the age of 18 and not currently required to register.
◯	I was born male and am REGISTERED with the Selective Service.
◯	I was born make and am over the age of 18. I am not registered with Selective Service, and I am not exempt from registration with Selective Services.
◯	I was born make and am EXEMPT from registration do the following reason:

I, _____, hereby certify that the Selective Service status statement provided is true and accurate.

Signature: Date:

Yes, ☐ I understand that my application will only be processed once all required documents have been submitted, including official IRS documents. Initial: _____

SIGNATURES: Required by all applicants.

By signing this grant application, I/we certify that all the information reported on this application is complete and correct. Our signature(s) below will authorize the process of determining eligibility for the Workforce Education Grant. I/we also understand that this form is NOT to determine eligibility of federal financial aid.

Warning: if you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.

Student's Signature (required) Date Parent Signature (If applicable) Date