



NON-CREDIT BOARD OF TRUSTEES GRANT APPLICATION

Financial assistance may be available for students enrolling for Short-term Training Program courses as a part of the LifeLong Learning Office. It is intended for individuals who are supported by some type of public assistance or those employed at a very low income level. Students must be residents of Bay, Midland, or Saginaw Counties. Funds for this grant are limited. The enclosed application should be completed at least two weeks prior to expected enrollment. Applications completed later than this may not be considered.

An award, denial, or follow-up letter will be sent to their Delta email account.

If aid is awarded, it will not exceed one-third of tuition costs. However, no award can ever exceed \$692. The balance must be paid by the student by the payment deadline for the course. Students are responsible for remaining course fees, books, supplies, and materials.

APPLICATION PROCEDURE

1. Complete the Non-Credit Board of Trustees Grant Application.
2. Documentation of economic circumstances is required:
 - a. Public Assistance recipients must provide a letter or certification from their caseworker.
 - b. Social Security, disability pension, or unemployment compensation recipients must provide a check stub or proof of recent payment.
 - c. Vocational Rehabilitation, veteran's aid, or inmate rehabilitation recipients must provide a certification letter from the appropriate agency.
 - d. Employed (or spouse employed) applicants may be eligible from assistance based on level of income. They must submit their most recent pay stub.
3. Return application and documentation to:
Financial Aid Office
Delta College, 1961 Delta Road
University Center, MI 48710

Students taking Short-term Job Training courses are not eligible to receive assistance from the Pell Grant program. Such assistance is limited to those enrolling in most academic programs.

It is the policy of Delta College not to discriminate in employment, education, public accommodation or public service on the basis of religion, race, color, national origin, age, sex, marital status, sexual orientation, gender identity, height, weight, arrest record, veteran status, disability, or other classifications as required by applicable U.S. federal, state or local law. Direct inquiries to the Equity/Compliance Officer, Delta College, 1961 Delta Road, Office A093, University Center, MI 48710, telephone 989-686-9547, or email: equityoffice@delta.edu

TITLE IX COMPLIANCE: Delta College affirms its commitment to Title IX of the Education Amendments of 1972. Inquiries regarding the non-discrimination policy or compliance with Title IX may be directed to the Equity/Title IX Compliance Officer (Loyce Brown) by telephone 989-686-9547, or email: equityoffice@delta.edu. Title IX inquiries may also be directed to the Assistant Secretary for Civil Rights at the US Department of Education.



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Name _____ Social Sec. # _____ / _____ / _____
Last First Initial

Address _____
Street Address City State Zip

Student # _____ Phone # _____ Date of Birth _____

Email Address _____

ESTIMATED 2017 GROSS FAMILY INCOME TABLE- Must provide Proof of all items

Employment Income	Income Received By	Source of 2017 Income	Actual Gross Income to Date	Estimated Gross Income for Remainder of 2017	Total 2017 Income
Subtotal 2017 Income Earned From Work					

Other Taxable Income	Income Received By	Source of 2017 Income	Actual Gross Income to Date	Estimated Gross Income for Remainder of 2017	Total 2017 Income
Subtotal 2017 Other Taxable Income					

Untaxable Income	Income Received By	Source of 2017 Income (SSI, TANF, Welfare)	Actual Income to Date	Estimated Income for Remainder of 2017	Total 2017 Income
Subtotal 2017 Untaxable Income					

Total Expected 2017 Gross Income	
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DEPENDENCY STATUS (please check the line that applies to you)

___ **Single, living with parents**

___ **Single, self supporting**

___ **Married**

___ **Divorced/Separated**

FAMILY INFORMATION

Please list yourself and any people in your household that fit the following categories:

- 1. Your spouse if you are married.
- 2. Your children and/or dependents that live with you.
- 3. Your parents if you are still a dependent student.

Full Name	Age	Relationship
		Self



**NON-CREDIT BOARD OF TRUSTEES
GRANT APPLICATION**

Short-Term Job Training Program Name: _____

Semester Dates: _____

Estimated Program Cost: _____

This information is true and accurate, to the best of my knowledge.

I understand that if I purposely give false or misleading information on this worksheet I will be liable to repay all financial assistance received.

_____ Date _____ Parent or Spouse _____ Date

Student

Date

Parent or Spouse

Date

Please contact the Delta College Financial Aid Office if you have any questions about the completion of this application.

**989 686 9080
finaid@delta.edu**

Office Use Only	
In-District Tuition	\$ _____
Approved Amount	\$ _____
Approved By	_____
Date	_____