

# Eligibility Form for VTEC Grant Services



Thank you for your interest in the Virginia Tribal Education Consortium's (VTEC) assistance programs. So that we can identify all eligible student benefits, please answer all questions on this form, including on page 2. When complete, please email this application and any questions to CTE Academic Coordinator Hailey Holmes at [Hailey.Holmes@vtecinc.org](mailto:Hailey.Holmes@vtecinc.org) AND NYCP Program Coordinator Jodie Cole at [Jodie.cole@vtecinc.org](mailto:Jodie.cole@vtecinc.org).

**Parent/Guardian:** Please answer truthfully, as this form serves as the official record of the eligibility determination for each voluntary participant receiving VTEC assistance.

## Student Information

Name of the Student \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade level \_\_\_\_\_

Name of School District \_\_\_\_\_ School \_\_\_\_\_

Anticipated Program Graduation/Completion Date \_\_\_\_\_ Student Email Address \_\_\_\_\_

Is the student affiliated with an Indigenous Tribe? Yes  No  (If no, please skip to the **Attestation Statement**)

**Proof of Tribal Membership** \*Please attach either a Tribal ID card or a Letter of Registration with the Tribe if applicable.

The individual with Tribal membership is the (select only one):  student  student's parent  student's grandparent

If the individual with Tribal membership is not the student listed above, name the individual (parent/grandparent) with tribal membership: \_\_\_\_\_

Please identify the full name of the Tribe or Band: \_\_\_\_\_

Please identify the U.S. state(s) where the Tribe or Band is headquartered: \_\_\_\_\_

## Attestation Statement:

I verify that the information provided above is true and correct to the best of my knowledge and belief.

Printed Name of Parent/Guardian \_\_\_\_\_ Signature \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_ Date \_\_\_\_\_

**Please answer the following questions:**

- 1 . Are you enrolled in dual enrollment courses(s) Yes  No 
  - If you answered “yes”, please indicate what courses \_\_\_\_\_
- 2 . Are you enrolled in CTE courses? Yes  No 
  - If you answered “yes”, please indicate what courses \_\_\_\_\_
- 3 . Are you participating in a work-based learning program? Yes  No 
  - If you answered “yes”, please indicate which program \_\_\_\_\_
- 4 . Do you have a Disability? Yes  No 
  - If you answered “Yes,” are you receiving assistance for your disability? Yes  No
- 5 . Do any of the following situations apply to you? Please respond to each question:
  - Are you a first-generation college student? Yes  No
  - Are you a single parent or single, expecting a child? Yes  No
  - Is childcare needed for enrolled participants? Yes  No
  - Do you need childcare assistance through other programs, such as head start? Yes  No
  - Are you in Foster Care? Yes  No
  - Have you recently aged out of Foster Care? Yes  No
  - Are you living in an emergency shelter? Yes  No
  - Are you living in transitional housing? Yes  No
  - Are you exiting an institution where you temporarily resided? Yes  No
  - Are you fleeing or attempting to flee domestic violence, have no other residence, and lack the resources or support networks to obtain other permanent housing? Yes  No
  - Are you a person with children or unaccompanied youth who are unstably housed and likely to continue in that state? Yes  No
  - Have you lost your primary nighttime residence, which may include a motel or hotel or a doubled-up situation, within 14 days and lack resources to remain in housing? Yes  No
  - Do you receive TANF? (Temporary Assistance for Needy Families) Yes  No
  - Do you have a parent who is serving Active Duty in the Military? Yes  No
  - Are you interested in a non-traditional skilled field of study? (Plumbing, Welding, Information Technology, Electrical, Practical Nurse, Digital Photography, etc.) Yes  No
  - Are you a female interested in a traditionally male-dominant skilled field of study? (Welding, Plumbing, etc.)  
Yes  No
  - Are you a male interested in a traditionally female-dominated skilled field of study? (Nursing, Education etc.)  
Yes  No

**Please select which (if any) applies to you:**

- 1 . Are you applying for a stipend or direct assistance towards Work-Based Learning? Yes  No
- 2 . Are you applying for a stipend or direct assistance toward an Industry Certification? Yes  No
- 3 . Are you applying for a stipend or direct assistance toward a Dual Enrollment Course(s) or CTE courses? Yes  No