Post-Prison Education Program Application

Office Hours:

Monday:  11:00 a.m. - 6:00 p.m.
Tuesday: Closed to Public (Administrative Hours)
Wednesday:  10:30 a.m. - 6:00 p.m.
Thursday: CLOSED [By Appointment Only]
Friday:  10:00 a.m. - 4:00 p.m.
Saturday:  10:00 a.m. - 2:00 p.m.
Sunday: CLOSED

Contact Information:

P.O. Box: 31092, Seattle WA, 98103-1092 Phone: (206) 408-5561 Toll-free: 1-844-984-2799

Program Policies:

Admission Criteria

1) Students must be capable of completing Adult-Basic Education ("ABE")
2) Students must be capable of post-secondary education curriculum, either vocational-
technical training or degree-seeking
3) Students do not have either the resources or capacity to "make it on their own."
4) Students must have the desire plus potential to be "Leaders for Change"

Academic Policy

Every applicant MUST meet the following conditions:

1) Enroll full-time in an accredited community college or vocational technical education
       program
2) Remain enrolled full-time, attend your classes and remain in good standing with a GPA
       of 2.5 or engage in weekly tutoring
3) Apply to the college or school for financial aid (loans and grants), scholarship(s), work
       study, and all other financial assistance
4) Work part-time by your second quarter in school unless waived by the Director,
       Applicant, and Student Affairs.
Lifestyle Policy

1) Students must be honest with the program
2) Live frugally, including shared housing and public transportation
3) Not engage in illegal activity
4) Make school a number one priority
5) Remain in contact with Post-Prison Education Program

Substance Use Policy

Many Post-Prison Education Program students have substance use and/or mental health challenges. Disclosing these on an application in no way disqualifies a student from participating in the Program. We value honesty above all else.

Misrepresentation Policy

By signing these documents, the applicant acknowledges that the Post-Prison Education Program is a non-profit organization with limited funding, and that if the applicant is accepted into the Program and receives financial assistance, other qualified and deserving applicants will as a result be unable to receive the Program’s assistance. Because funding is limited, the Program requires strict honesty from all applicants and students regarding their income, costs, and academics. Any intentional misrepresentation in an application will result in immediate rejection of the application. Any student making a gross, intentional misrepresentation to the Program will be immediately terminated from the Program. A student may be reinstated only by appeal to the Scholarship Committee.

Non-Discrimination Policy

Applicant Information

Name: ____________________________ DOC #: _______________________
Date of Birth: ____________________ E-mail: _______________________
Social Security Number: ____________ Cell Phone: __________________
Alternate Phone: __________________
Ethnicity (optional): _______________ Gender (optional): _____________
Early Release Date: ___________________
Projected MI/ Work Release Date / Halfway House: ____________________
If DOC, name(s) of Classification Counselor(s)? _______________________

Current Address
Street: ____________________________
City: ____________________________ State/Zip: ________________________

Best Permanent Address
Street: ____________________________
City: ____________________________ State/Zip: ________________________

Education & Background
When were you last in school? __________________
What grade did you last complete? __________________
What is your educational interest? __________________
Are you a United States Citizen? Yes [ ] No [ ]
Did you speak a language other than English at home? Yes [ ] No [ ]
If yes, what? __________________

Family & Expenses
Are you currently in default on student loans, or do you have any unpaid education bills?
Yes [ ] No [ ] Unsure [ ]

Is there anyone in your family who is willing to help you pay for your education?
Yes [ ] No [ ]

Do you have children? Yes [ ] No [ ]
If so, please provide their name(s) and birthdate(s):

Are you currently paying child support or subject to garnishments due to past child support?
Yes [ ] No [ ]

(*If yes, please be sure to include these amounts in your budget worksheet.)

Will they live with you following release? If not, where will they live?

Do you have an active parenting partner?
Yes [ ] No [ ]

**Housing**

Do you know where you will be living after you are released? Yes [ ] No [ ]

If yes, where? If no, what steps are you taking to secure housing?

**Substance Abuse History**

Do you have a history of substance abuse? Yes [ ] No [ ]

If yes, what is your drug of choice?

If yes, have there been any periods of continued abstinence in your life (including incarceration)?
When and for what length of time?

Have you been in treatment? Where? When?

**Mental Health Treatment History**

Have you been diagnosed with mental health or emotional problems? What happened? Where and when were you treated? (Locations & dates)
What medications are you currently taking? Please list the medication name and dosage.

**Goals**

Please write about the specific goals you have in the following areas:

**EMPLOYMENT:** When did you last work? What kind of work are you qualified for? What are your plans and prospects for employment?

**INCOME:** Does your income cover your expenses? Do you have a budget? How do you prioritize when creating a budget?
Personal Statement

In approximately 700-1000 words, typewritten (preferred) or in legible handwriting, please describe your personal history and share your educational and life goals. Each of the questions and considerations listed below are indicators of promise and should be addressed in your statement:

➢ Describe how you persevered against substantial obstacles prior to or during imprisonment (this could include any economic disadvantage, personal or familial hardship, physical or mental disability, or prejudice and discrimination).

➢ Describe any meaningful contributions you have made to your family, workplace and community. Include any special talents or unique life experiences.

➢ What excites you about attending college? What are your career goals? How will attending college help you to achieve these goals?

➢ In the broadest sense of the words, who are you? What is important to you?

➢ What would you like to be doing in 10 years?

➢ Why do you believe you would be an excellent choice for our program? Please include any additional information you would like the Scholarship Committee to consider (i.e. letters of reference from former employers or instructors, transcripts from previous schools attended, evidence of potential for leadership).
Student Budget Worksheet Explanation

The Student Budget Worksheet is a critical part of the application process. All students must complete the Student Budget Worksheet EVERY QUARTER at least 10 days prior to first day of classes.

- We understand you may not know exactly how much rent costs, etc. However, we ask you to make a good faith estimate. You can include a budget narrative to help us understand how you are thinking about your post-release expenses.

The worksheet is divided into two sections: Income versus Expenses.

1. In the Income portion of the sheet, the applicant is expected to list all income and resources. This must include all assistance you receive from family and friends plus all public assistance. Students are expected to work part-time plus must apply for and accept all available public resources, student loans, grants, scholarships, etc, for which you qualify. You must be willing to invest in yourself in order for our non-profit to invest in you!

2. The estimated expenses portion of the worksheet asks you to list all housing, food, personal, and transportation expenses, etc. Although these expenses vary from one individual to the next, all students are expected to live frugal lives while pursuing their education. The Program is strictly about shared-housing and public transportation. If a student needs clothing and/or personal supplies, this can be arranged upon release, but should be kept as a minimal cost in future months.

How to fill it out:

1. Input numbers for MONTHLY income and expenses and multiply the TOTAL by 3 to determine your quarterly expenses. The exception to this is tuition, books, and financial aid (these are issued quarterly rather than monthly).

2. To determine your total quarterly income add quarterly income (monthly income x 3) plus your total financial aid amount (scholarships, grants and loans).

3. To determine your total quarterly expenses add your quarterly expenses to your total educational expenses (tuition, books, and fees).

4. To determine your Excess or Deficit subtract your total Quarterly Expenses from your Total Quarterly Income.

If the student has an “excess,” no further financial assistance is necessary. Non-monetary assistance, mentoring and navigating the post-secondary education world, is available to students and is an important part of their academic and personal success. A “deficit,” on the other hand, would reflect the amount of financial assistance a student qualifies for from the Program.
## FORM 2 - STUDENT BUDGET WORKSHEET

**Student's Name**

**Student Agency# / College ID #**

**Date**

<table>
<thead>
<tr>
<th>INCOME &amp; OTHER RESOURCES</th>
<th>Monthly Amount</th>
<th>ESTIMATED EXPENSES</th>
<th>Monthly Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>FAMILY INCOME</strong></td>
<td></td>
<td><strong>HOUSING &amp; FOOD</strong></td>
<td></td>
</tr>
<tr>
<td>Student's net income</td>
<td></td>
<td>Rent</td>
<td></td>
</tr>
<tr>
<td>Other income</td>
<td></td>
<td>Utilities</td>
<td></td>
</tr>
<tr>
<td>Assistance from others</td>
<td></td>
<td>Telephone</td>
<td></td>
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<td></td>
<td></td>
<td>Food</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Internet</td>
<td></td>
</tr>
<tr>
<td><strong>OTHER RESOURCES</strong></td>
<td></td>
<td><strong>PERSONAL</strong></td>
<td></td>
</tr>
<tr>
<td>Public assistance</td>
<td></td>
<td>Clothing</td>
<td></td>
</tr>
<tr>
<td>Food Stamps</td>
<td></td>
<td>Entertainment</td>
<td></td>
</tr>
<tr>
<td>Veteran's benefits</td>
<td></td>
<td>Medical/Dental</td>
<td></td>
</tr>
<tr>
<td>Social Security</td>
<td></td>
<td>Child Care</td>
<td></td>
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<tr>
<td>Unemployment</td>
<td></td>
<td>Personal Miscellaneous</td>
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<td>Alimony</td>
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<tr>
<td>Child Support</td>
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<td>DVR</td>
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<tr>
<td>Savings</td>
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<td></td>
<td></td>
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<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>FINANCIAL AID</strong></td>
<td></td>
<td><strong>EDUCATIONAL EXPENSES</strong></td>
<td></td>
</tr>
<tr>
<td>Grants</td>
<td></td>
<td>Tuition</td>
<td></td>
</tr>
<tr>
<td>Scholarships</td>
<td></td>
<td>Fees</td>
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<tr>
<td>Work Study</td>
<td></td>
<td>Books</td>
<td></td>
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<tr>
<td>Worker Retraining</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Loans</td>
<td></td>
<td>Supplies</td>
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<tr>
<td><strong>c) TOTAL FINANCIAL AID</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Quarterly Income (= b+c)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Excess or Deficit (Circle one)</strong></td>
<td></td>
<td></td>
<td>$</td>
</tr>
</tbody>
</table>

The student signature affirms that this budget worksheet is complete and accurate. Any changes must be reported to the Post-Prison Education Program (and worksheet revised).

<table>
<thead>
<tr>
<th>Student Agreement:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student Services Counselor:</td>
<td>Date:</td>
</tr>
<tr>
<td>Director / Management (If deficit is over $2000 or items needing special approval):</td>
<td></td>
</tr>
</tbody>
</table>

t-Prison Education Program - 2450 Sixth Avenue South - Suite 200, Seattle, WA 98134-21
Phone: (206) 503-2300 - Fax: (206) 624-1479
Applicant's Acknowledgement: MUST READ

I, ___________________________ give my word that the information contained herein is true.

- I am absolutely committed to continuing my education.
- I understand that by choosing to invest in me, the Post-Prison Education Program will have to deny another former prisoner, perhaps just as deserving, because resources are limited. I understand and respect that this puts a responsibility on me to make the most of this opportunity.
- I understand that my education is my own responsibility. The Post-Prison Education Program will help me, but it is my job to be in charge and to get things done. I will not sit back and expect anybody else to take care of problems for me.
- I will use all available support services at the college I attend in order to give myself the greatest chance of success.
- I understand that the volunteers and staff of the Post-Prison Education Program will do their best to be honest, respectful, and kind to me. **I will do my best to be honest, respectful, and kind to them. Dishonesty is grounds for immediate termination of relationship with the Post-Prison Education Program.**
- I will do everything in my power to make myself proud of my efforts and my educational success.
- I understand that if I do not live up to the agreements in this contract I may be dropped from the Program.

Sign name ____________________________________________

Date ____________________________________________

Applicants must include a Personal Statement (see more details on page 8). Applicants may also include additional information and documents. A copy of your grades and/or a letter of recommendation would also be helpful in evaluating your application, but are not required.
AUTHORIZATION FOR DISCLOSURE OF INFORMATION

TO:

- NELA (Northwest Education Loan Association)
- Federal Bureau of Prisons (Where applicable)
- Washington State Department of Corrections (Where applicable)
- Any and all accredited state of Washington institutions of learning including but not limited to vocational institutes, community colleges, and universities.

Name: _______________________________

SSN: _____ - _____ - _______ DOB: ____/____/_____

You are hereby authorized and directed to give to the Post-Prison Education Program (hereinafter, “Post-Prison Education Program”) any and all information of every kind and description, which they shall request, including copies of business records, and reports received by you from another person or firm, within reference.

Authority is also given to Post-Prison Education Program for the inspection or copying of your records pertaining to the undersigned. A photocopy of this authorization shall have the same effect as an original.

THIS NOTICE REVOKES ANY PRIOR AUTHORIZATION SIGNED BY ME.

DATED THIS _____ DAY OF __________

__________________________
Sign Name
AUTHORIZATION FOR USE AND PUBLICIZATION

NAME: ________________________________________________

SSN: _____-____-______  DOB: ____/____/______

_________ (hereinafter, "Student") is a recipient of Post-Prison Education Program (hereinafter, “Post-Prison Education Program”) benefits. Student wishes to support and publicize the Program to increase the number of post-prison candidates receiving the benefits. The Post-Prison Education Program wishes to publicize Student’s story and the successful use of her or his benefit to increase the amount of public or private money to be applied to Post-Prison Education Program benefits for deserving candidates. Post-Prison Education Program wishes to protect Student’s privacy. To reach these goals, student and the Post-Prison Education Program agreed:

1. Post-Prison Education Program is authorized to publicize to members of the Legislature other sources of charitable donations, Student Loan agencies, and on the Post-Prison Education Program’s World Wide Web site Student’s application essay and significant achievements in the Post-Prison Education Program. The authorized purposes are both making more candidates aware of the Post-Prison Education Program services and benefits, and to make the Legislature or other funding sources more aware of the positive impacts Post-Prison Education Program is having and positive direction the Post-Prison Education Program is steering its candidates. Post-Prison Education Program is authorized to determine the best methods of achieving these purposes.

2. Post-Prison Education Program may be called upon to make statistical reports to government agencies or other funding sources which identify Student’s circumstances, benefits, or attainments. These reports do not request Student’s name or affiliation with any employer and Post-Prison Education Program agrees to hold back such private information from these reports.

3. If Post-Prison Education Program is subpoenaed or compelled by law in any tribunal to report the information identified as private here, Post-Prison Education Program specifically agrees to give Student 10 days advance notice of such and submit to the deciding official this agreement and any argument submitted by or on Student’s behalf to prevent publication of private information.

AGREED THIS _____ DAY OF ______________________

Agreed: ______________________________________

Sign Name ____________________________  Post-Prison Education Program Representative ____________________________