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| **WORC/ALPHABET GRANT PROGRAM APPLICATION**  This Application Form must be completed in its entirety and returned to Dr. John Gurley at [worc@una.edu](mailto:worc@una.edu). Applicants must: 1) go to <https://studentaid.ed.gov/sa/fafsa> and complete the online FAFSA application and 2) go to <https://www.una.edu/apply/index.html> and complete the online application for admission to UNA. Interviews will be conducted by the UNA Career Center as part of the screening process to identify prospective participants. Applicants who are provisionally accepted must go to <https://alabamaworks.alabama.gov/vosnet/Default.aspx> and complete the online application form and walk-in appointment.   |  |  | | --- | --- | | WARNING: **Any person who knowingly makes a false statement or misrepresentation as part of applying for federal**  **financial aid or grants is subject to a fine or imprisonment under federal statute.** | | | **SECTION I** | | | 1a. APPLICANT NAME   |  |  |  | | --- | --- | --- | | Last: type | **First:** type | **MI:** type | | 2. UNA L # (if applicable)  type | | 1b. OTHER NAMES USED   |  |  |  | | --- | --- | --- | | Last: type | **First:** type | **MI:** type | | 3. DATE OF BIRTH (Month/Day/Year)  MM/DD/YYYY | | 4. CURRENT ADDRESS  Street Address 1: type  Street Address 2: type  Apartment Number: type  P.O. Box Number: type  City: type  State type  Zip Code: type | 5a. DAYTIME PHONE (Area Code/Number)  ( )\_\_\_-\_\_\_\_ | | 5b. EVENING PHONE (Area Code/Number)    ( )\_\_\_-\_\_\_\_ | | 6. EMAIL ADDRESS (list the email you check frequently and the UNA student email)  type  type | 7. DRIVER’S LICENSE NUMBER AND STATE  type | | 8. ONLINE DEGREE PROGRAM OF INTEREST (SELECT ONE)  Bachelor of Nursing (BSN)  Bachelor of Business Administration (BBA) | 9. CURRENT ANNUAL GROSS (PRE-DEDUCTIONS) INCOME  type | | 10. GRANT SPECIFIC QUESTIONS  **All Applicants**  Have you submitted your application to UNA? Yes  No  Have you been accepted to UNA? Yes  No    Were you enrolled or did you take classes at UNA for the semester prior to your current anticipated enrollment? Yes  No  Are you a veteran or a spouse of a veteran? Yes  No  Have you completed a substance abuse treatment program? Yes  No  If eligible for stipend assistance, are you willing to provide documentation of living expenses?Yes  No  Have you completed the FAFSA application for federal financial aid?Yes  No  Have you completed your online application form / walk in appointment through the Alabama Career Center?Yes  No  **NOTE: Applicants may be provisionally approved prior to completing this application/appointment but must complete it prior to final acceptance to the WORC/ALPHABET program.**  Please provide the name of your Academic Advisor/Education Coordinator at UNA (if applicable). type  Are you willing to meet periodically with your Academic Advisor/Education Coordinator and WORC/ALPHABET Program Coordinator to track your progress and address any obstacles to success? Yes  No  **Bachelor of Nursing (BSN) Applicants**  Are you a currently licensed RN? Yes  No  **Bachelor of Business Administration (BBA) Applicants**  Have you previously completed at least 60 college credit hours?Yes  No | | | **SECTION II** | | | 11. STATEMENT OF INTEREST (Please explain in one, brief paragraph your commitment to completing this degree in the specified time frames and how earning the degree will benefit your career goals)  type | | | **SECTION III** | | | 12. ACKNOWLEDGEMENT   |  | | --- | | I, the above-named applicant, understand that I must utilize WORC/ALPHABET grant funds for the intended purpose, provide  essential financial documentation to confirm eligible stipend expenses (if applicable), pursue satisfactory progress in my  program of study, and maintain periodic contact with my Academic Advisor/Education Coordinator and WORC/ALPHABET  Program Coordinator.  I further acknowledge that acceptance to the WORC/ALPHABET Program at UNA is contingent upon the completion of an online application form and walk-in appointment at the Alabama Career Center. |   THE INFORMATION PROVIDED IN THIS APPLICATION IS COMPLETE AND CORRECT AND I HEREBY AUTHORIZE VERIFICATION AS REQUIRED BY THE UNIVERSITY OF NORTH ALABAMA.  Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |