



## 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.

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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](mailto: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](mailto:equityoffice@delta.edu). Title IX inquiries may also be directed to the Assistant Secretary for Civil Rights at the US Department of Education.

**Name** \_\_\_\_\_ **Social Sec. #** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Last                      First                      Initial

Student #	Phone #	Date of Birth
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**ESTIMATED 2018 GROSS FAMILY INCOME TABLE- Must provide Proof of all items**

Employment Income	Income Received By	Source of 2018 Income	Actual Gross Income to Date	Estimated Gross Income for Remainder of 2018	Total 2018 Income
	Subtotal 2018 Income Earned From Work				

Other Taxable Income	Income Received By	Source of 2018 Income	Actual Gross Income to Date	Estimated Gross Income for Remainder of 2018	Total 2018 Income
	Subtotal 2018 Other Taxable Income				

<b>Untaxable Income</b>	<b>Income Received By</b>	<b>Source of 2018 Income (SSI, TANF, Welfare)</b>	<b>Actual Income to Date</b>	<b>Estimated Income for Remainder of 2018</b>	<b>Total 2018 Income</b>
	<b>Subtotal 2018 Untaxable Income</b>				

Total Expected 2018 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 providing more than half of their support.

Full Name	Age	Relationship
		Self

**Short-Term Job Training Program Name:** \_\_\_\_\_

Semester Dates: \_\_\_\_\_

**Estimated Program Cost:** \_\_\_\_\_

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

Student	Date	Parent or Spouse	Date
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**989 686 9080**  
**finaid@delta.edu**

<b>Office Use Only</b>	
<b>In-District Tuition</b>	\$
<b>Approved Amount</b>	\$
<b>Approved By</b>	
<b>Date</b>	