



# CTE Student Resources

## Eligibility Determination for 2009 – 2010

Phone: 484.2163 Fax: 484.1388 Email: askcte@pjc.edu

All students must meet eligibility requirements before considered for CTESR program services.

### Check All That Apply

#### **GENDER NONTRADITIONAL STATUS**

- I am training for a nontraditional occupation (an occupational field in which my gender comprises less than 25% of those employed).

#### **DISABILITY STATUS**

- I have a disability as defined under section 3 of the Americans with Disabilities Act of 1990. I will register for services with PJC's Disability Support Services Office.

#### **DISPLACED HOMEMAKER** – To qualify as a displaced homemaker, you must meet the multiple criteria listed below.

- I am unemployed or underemployed and find it difficult to find a job and/or advance in my career **AND** I have worked primarily without pay to care for a home and family and have not developed marketable job skills **AND** I have been dependent on the income of another family member and I am no longer supported by that income.
- I am unemployed or underemployed and find it difficult to find a job and/or advance in my career **AND** I have worked primarily without pay to care for a home and family and have not developed marketable job skills **AND** I am a parent and my youngest dependent child will become ineligible to receive Social Security benefits within the next two years.

#### **SINGLE PARENT**

- I am unmarried or legally separated from my spouse **AND** have at least one minor child for whom I have either custody or joint custody.
- I am unmarried **AND** pregnant.

#### **ECONOMICALLY DISADVANTAGED – AS OF JULY 1, 2008**

- I am a recipient for one or more of the following: TANF/WAGES.
- I am a recipient of a PELL Grant for the year 2009-10 Academic Year.**
- I am a recipient of food stamps.
- I am a WIA client
- I am a recipient of an SEOG grant
- I participate in the federal College Work-Study program

*(TANF-Temporary Assistance for Needy Families)  
(WAGES-Work and Gain Economic Self-Sufficiency)*

Your CTE Counselor may request supporting verification of your eligibility.

#### **LIMITED ENGLISH PROFICIENCY**

- I have limited ability to speak, read, write, or understand English **AND** my native language is a language other than English.
- I have limited ability to speak, read, write, or understand English **AND** I live in a family or community environment in which a language other than English is predominant.

**I verify that the information provided above is complete and accurate and that I am registered for at least six (6) credit hours. I understand that any falsification of information will make me ineligible to receive services from the CTESR program.**

Printed Name \_\_\_\_\_ Major \_\_\_\_\_ STU I.D. \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Staff Signature \_\_\_\_\_ Date \_\_\_\_\_