



# Spokane Community College ABILITY TO BENEFIT APPLICATION

Name: \_\_\_\_\_ EMPLID \_\_\_\_\_ Date: \_\_\_\_\_

## CAREER INTEREST

Selected program \_\_\_\_\_

Number of credits for program \_\_\_\_\_ Available entry quarter \_\_\_\_\_

Types of jobs available after certificate or training \_\_\_\_\_

Optional: Observations and lessons learned from class visits OR discussion with Counselor Liaison

## PAYING FOR SCHOOL AND FUNDING PLAN

Are you working?  Yes  No

If so, will your work schedule allow you to attend classes as scheduled?

If there is a need to pay for expenses not covered by college financial aid, how will you cover those expenses?

## ACADEMIC HISTORY

CASAS:	_____	_____	_____	_____	_____	_____
	Reading form/ score	Date	Math form/ score	Date	Listening form/ score	Date

GED:	_____	_____	_____	_____
	RLA	Math	Science	Social Studies

Other educational history:

## INSTRUCTOR/COUNSELOR RECOMMENDATION:

- Hard worker                       Does homework                       Does well on tests
- Good attendance                       Adheres to rules/structure of class/program
- Other \_\_\_\_\_

Employee Signature \_\_\_\_\_

Date \_\_\_\_\_

