WASHINGTON COLLEGE

Dislocated Worker Form
2013- 2014

Student's Name:_____ Student's ID#:_____ Phone: _____

On your 2013-2014 FAFSA you answered "Yes" to the question, "As of today, are either of your parents a dislocated worker? Or, to the question "As of today, are you (or your spouse) a dislocated worker?

Washington College verifies dislocated worker status prior to disbursing federal financial aid. To do so, we ask that you read the statements below and mark all that apply and return this form, along with the requested documentation to the address at the bottom of this form. **Your 2013-2014 financial aid will be on hold until this form is received.** *If there is no documentation attached, your financial aid could be delayed further. There needs to be supporting documentation of the reason you, your parent, or spouse is considered to be a dislocated worker.*

A person who quits their job, is fired for unsatisfactory performance, is laid off due to seasonal work (i.e. construction, teacher) or was previously laid off but is now employed is NOT considered a dislocated worker. Those who qualify as a dislocated worker have generally been laid off or terminated due to the effects of the economy, company downsizing, merger, going out of business, etc.

Please mark the criteria below that classify you/your family member as a dislocated worker. If none of the statements apply, please check the box at the bottom, sign and return this form. You/your family member:

____ has been laid off or received a lay-off notice and is unlikely to return to the previous occupation.

- **Attach a letter from the employer stating the date of the lay off and what the likelihood is that the employee will return to the job. If a letter was not originally issued, please contact your previous employer and request one.**

____ was self-employed but is now unemployed due to economic conditions or natural disaster.

- **Attach a statement explaining the hardship or natural disaster and how it led to or caused unemployment.**

____ is a displaced homemaker who previously provided unpaid services to the family (i.e. stay at home mom or dad), is no longer supported by the husband or wife, is unemployed or underemployed and is having trouble finding or upgrading employment.

If you checked any of the statements above, complete the information below.

Name of Dislocated Worker: _____ Relationship to Student: Self Parent Spouse (Circle one)

Date Person became a Dislocated Worker: ____/_____/_____

Has the Person found employment since completing the FAFSA as a Dislocated Worker? YES NO (Circle one)

Does the Dislocated Worker receive unemployment benefits? YES NO (Circle one)

- If yes, date he/she began collecting the benefits ___/___/___ Monthly amount received $ _____
- If you answered "Yes", please attach letter verifying your qualification for unemployment benefits.

☐ Check this box if none of the statements above apply to you or your family.

The information provided on this form is true and complete to the best of my knowledge. I understand that purposely giving false or misleading information may result in fines, penalties, and /or reduction or immediate repayment of aid.

Student Signature: _____ Date: _____/____/_____

Parent's Signature: _____ Date: _____/____/_____
(required if parent is the dislocated worker)

RETURN THIS COMPLETED AND SIGNED FORM TO:
Washington College, Office of Student Aid 300 Washington Avenue, Chestertown, MD 21620
Phone: 410-778-7214; Fax: 410-778-7287; Email: fa_office@washcoll.edu