



Office of Financial Aid – K 1.700
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0910

**DISLOCATED WORKER
 FORM**

Student Name: _____ **SSN:** _____

Beginning with the 2009-2010 Award Year Department of Education added Questions 85 and 103 to the Free Application for Federal Student Aid: “As of today, are either you, (your spouse) or any of your parents a dislocated worker?” Since you answered “Yes” to one of these questions we are now asking that you fill out this form and provide documentation requested as stated below.

**Dependent Student: You and/or your parent(s) claimed to be a Dislocated Worker
 Independent Student: You (your spouse) claimed to be a Dislocated Worker**

Note: Not everyone who receives unemployment benefits will meet the definition of dislocated worker. For example, in general those who quit their jobs are not considered dislocated workers, even if they are receiving unemployment benefits.

STEP ONE:

A dislocated worker under the Workforce Investment Act or WIA (see 29 U.S.C. 2801 for more information), is someone who falls into at least one of the 6 categories listed below.

Please take time to read each one of them:

1. A person who meets requirements a, b **and** c below:
 - a. he was terminated or laid off from employment or received a notice of termination or layoff;
 - b. he is eligible for or has exhausted his unemployment compensation, or he is not eligible for it because, even though he has been employed long enough to demonstrate attachment to the workforce, he had insufficient earnings or performed services for an employer that weren't covered under a state's unemployment compensation law **and**
 - c. he is unlikely to return to a previous industry or occupation.
2. A person who was terminated or laid off from employment or received a notice of termination or layoff as a result of any permanent closure of, or any substantial layoff at, a plant, facility, or enterprise.
3. A person who is employed at a facility at which the employer made a general announcement that it will close within 180 days.
4. A person who is employed at a facility at which the employer made a general announcement that it will close.
5. A self-employed person (including farmers, ranchers, or fishermen) who is unemployed because of natural disasters or because of general economic conditions in his community.

6. A displaced homemaker, someone who meets requirements a, b **and** c below:
- he/she has been providing unpaid services to family members in the home;
 - he/she has been dependent on the income of another family member but is no longer supported by that income **and**
 - he/she is unemployed or underemployed and is having difficulty obtaining or upgrading employment. An "underemployed" person is one who is working part-time but wants to work full-time or one who is working below the demonstrated level of her education or job skills.

STEP TWO:

Dependent Student: Please provide the category number(s) that you and/or your parent(s) fall under: _____

Independent Student: Please provide the category number(s) that you (and/or your spouse) fall under: _____

STEP THREE:

Please provide documentation as appropriate to the category or categories listed above, for example, a letter or a layoff or termination notice from the employer, unemployment insurance (UI) system verification, tax returns, a business license, newspaper articles, etc. Documents from the state workforce agency or a "one-stop career center" may also be used.

STEP FOUR:

I hereby certify that the above information is true and complete to the best of my knowledge. I also acknowledge that it is my responsibility to check on the final outcome of this form. I understand that incomplete forms will not be considered and that it is my responsibility to be sure that the form is **COMPLETE**.

The Office of Financial Aid reserves the right to request additional information if deemed necessary.

Student Signature: _____ Date: _____

Parent Signature (if Dependent): _____ Date: _____

Spouse Signature (if Independent): _____ Date: _____

Financial Aid Use Only

FA Committee Members Initials: _____

Decision: Approved ___/___/___ **Disapproved** ___/___/___ **Pending** ___/___/___

Comments: _____

