For office use only: Received by _____



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2016-2017 Dislocated Worker

Student Name:	II	D#	Phone#	
Are you or your paren	t(s) considered to be o	dislocated we	orkers?	
☐ Yes☐ No				
If yes, please report th	e name of the disloca	ted worker:		
In general, a person may be	considered a dislocated wor	ker if he or she	:	
previous occupation has been laid off or a was self-employed b is the spouse of an a employment because is the spouse of an a described below); or is a displaced homer unpaid services to the	received a lay-off notice from the sective duty member of the Are of relocating due to permate tive duty member of the Are maker. A displaced homemate family (e.g., a stay-at-homederemployed, and is having active duty member of the Area factive duty memb	m a job; to economic cor rmed Forces an inent change in rmed Forces an aker is generally me mom or dad; trouble finding	nditions or natural d has experienced duty station; or d is a displaced how a person who pre beginning or upgrading empty of a person quits wor	disaster; or a loss of omemaker (as eviously provided ported by the spouse ployment.
Signatures/Initials				
I understand that the find financial aid will remain incom			•	derstand that my
I certify that all information report Office at TSC to make corrections n WARNING: If you purposely give y	ecessary to resolve any discrepan	cies found.		
Student	Parent		Date	