

CHECKLIST

(Short-Term Fast-Forward Workforce Programs)

STEP 1:

To secure a seat in the class and to determine eligibility to receive tuition assistance, the following documents MUST be provided:

- | | |
|--|--|
| <p><input type="checkbox"/> <u>Copy of Virginia Driver's License</u>
and/or Birth Certificate (from both student & parent if under age 24)</p> <p><input type="checkbox"/> <u>Proof of Address</u></p> | <p><input type="checkbox"/> <u>Most Recent Federal & State Tax Return</u>
filed with the IRS, and/or a letter from Dept. of Social Services if receiving SNAP or TANF benefits <u>(from parent if student is under 24 & still lives at home)</u>: Both student & parent must complete the entire enrollment application.</p> |
|--|--|

STEP 2:

For students **only** enrolling into the **Power Line or CDL Class A Truck Driving** programs, you will be **REQUIRED** to obtain your class A CDL Learner's permits at the DMV prior to enrollment. **Without these documents, students will not be permitted in to the class**, and may be required to wait the following semester to enroll once permits has been obtained.

Note: Students are enrolled on a first come, first serve basis as they secure their seats once they complete and finalize their tuition, and obtain their class A CDL Learner's permit.

- ❖ The following documents listed below **MUST** be given to your Fast-Forward Career Coach in Workforce Development by the required deadline set by the Career Coach.
- **Class A CDL Learner's Permit/or proof from the DMV** that you have passed your tests. *(General Knowledge, Air Brakes, & Combination)*
 - Due to COVID the DMV is requiring individuals schedule their appointments 60-90 days in advance.
 - **Appointments** can be scheduled at **DMVs website: www.dmv.gov**
- **In preparation to study for the test**, students may download the app called:
 - **CDL PREP** and study the following sections: **General Knowledge, Air Brakes, and Combination**, or **pick up a book at the DMV** and study chapters 1-6 (excluding 4).
- **DOT Physical/ 5 Panel Drug Test** (all paperwork including medical card must be provided)

To schedule an appointment and to learn more about our Fast Forward short-term training programs, please contact your Workforce Career Coach at:

Vicki Marrs
Workforce Career & Credentials Coach
Wytheville Community College-Workforce Development
Grayson Hall Room 205
1000 East Main Street
Wytheville, Va. 24382
Phone: 276-223-4717/Fax: 276-223-4716
Email: vmarrs@wcc.vccs.edu



Suffix (Jr., Sr.)

[illegible]

DOMICILE DETERMINATION FORM



All students taking credit classes must complete the Domicile Determination Form.

Eligibility for in-state tuition is pursuant to Section 23-7.4, Code of Virginia. Please contact the college admissions office if you have any questions.

Mark the domicile category that applies to you below from choices 1-6. Choose only one category.

- ☐ 1. Self: I am age 24 or older and want to claim eligibility based on my own domicile.

☐ 2. Self: I am under age 24 and want to claim eligibility based on my own domicile for the following reason(s):

 - ☐ I am a veteran or active duty member of the U.S. Armed Forces.
 - ☐ Both of my parents are deceased and I have no adoptive or legal guardian.
 - ☐ I have legal dependents other than my spouse.
 - ☐ I am financially self-sufficient.
 - ☐ I am a ward of the court or was a ward of the court until age 18.
 - ☐ I have a bachelor's degree and I am working on a graduate degree.
 - ☐ I am married.

☐ 3. Spouse: I am age 24 or older and want to claim eligibility for in-state tuition based on my spouse's domicile.

☐ 4. Spouse: I am under age 24 and I want to claim eligibility for in-state tuition based on my spouse's domicile.

☐ 5. Parent: I am under age 24 and my parents provide more than half of my financial support and/or claim me as a dependent for tax purposes.

☐ 6. Legal Guardian: I am under age 24 and my court-appointed legal guardian provides more than half of my financial support and/or claims me as a dependent for tax purposes.

You may be required to supply "clear and convincing evidence" of your status.

If you marked box 1 or 2, please complete Section A below.

If you marked box 3, 4, 5, or 6, please complete Section B below.

A. Applicant's Information	B. Parent, Legal Guardian, or Spouse's Information
<p>1. Applicant's Name: _____</p> <div style="display: flex; justify-content: space-between; width: 100%;"> First Middle (Full) Last </div> <p>Date of birth: _____</p> <div style="display: flex; justify-content: space-between; width: 100%;"> (mm) (dd) (yy) </div> <p>2. Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "Yes" skip to question #3)</p> <p>If "No," are you a permanent resident? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "Yes," what is your "A number"? _____</p> <p>If "No," what is your immigration status? _____</p> <p>3. Are you on active duty in the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "Yes," is Virginia listed as the Tax State on your Leave and Earning Statement? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Date of Entry: _____</p> <div style="text-align: center;">mm/dd/yyyy</div> <p>Official Duty Station: _____</p> <div style="text-align: center;">State</div> <p>Reporting Date: _____ Duration of Orders: _____</p> <div style="display: flex; justify-content: space-between;"> <div>mm/dd/yyyy</div> <div>mm/dd/yyyy</div> </div> <p>4. Are you the dependent of an active duty member in the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "Yes," is Virginia listed as the Tax State on your Leave and Earning Statement? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Date of Entry: _____</p> <div style="text-align: center;">mm/dd/yyyy</div> <p>Official Duty Station: _____</p> <div style="text-align: center;">State</div> <p>Reporting Date: _____ Duration of Orders: _____</p> <div style="display: flex; justify-content: space-between;"> <div>mm/dd/yyyy</div> <div>mm/dd/yyyy</div> </div>	<p>1. Provide the name of the person upon whom you are basing your domicile:</p> <div style="display: flex; justify-content: space-between; width: 100%;"> First Middle (Full) Last </div> <p>2. Using the above person's information, answer the questions below.</p> <p>Is the above person a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "Yes" skip to question #3)</p> <p>If "No," is he/she a permanent resident? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "Yes," what is his/her "A number"? _____</p> <p>If "No," what is his/her immigration status? _____</p> <p>3. Is the above person on active duty in the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "Yes," is Virginia listed as the Tax State on his/her Leave and Earning Statement? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Date of Entry: _____</p> <div style="text-align: center;">mm/dd/yyyy</div> <p>Official Duty Station: _____</p> <div style="text-align: center;">State</div> <p>Reporting Date: _____ Duration of Orders: _____</p> <div style="display: flex; justify-content: space-between;"> <div>mm/dd/yyyy</div> <div>mm/dd/yyyy</div> </div> <p>4. Is the above person married to an active duty member of the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "Yes," is Virginia listed as the Tax State on the Leave and Earning Statement? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Date of Entry: _____</p> <div style="text-align: center;">mm/dd/yyyy</div> <p>Official Duty Station: _____</p> <div style="text-align: center;">State</div> <p>Reporting Date: _____ Duration of Orders: _____</p> <div style="display: flex; justify-content: space-between;"> <div>mm/dd/yyyy</div> <div>mm/dd/yyyy</div> </div>

A. Applicant's Information

5. Are you retired from the U.S. Armed Forces? ☐ Yes ☐ No

Were you discharged from the U.S. Armed Forces? ☐ Yes ☐ No

If "Yes," date of discharge/retirement? _____
mm/dd/yyyy

Tax State on LES prior to discharge/retirement: _____
Tax State

6. Are you the dependent of someone retired from the U.S. Armed Forces?
☐ Yes ☐ No

Are you the dependent of someone discharged from the
U.S. Armed Forces? ☐ Yes ☐ No

If "Yes," date of discharge/retirement? _____
mm/dd/yyyy

Tax State on LES prior to discharge/retirement: _____
Tax State

7. Have you lived in Virginia for the last 12 months? ☐ Yes ☐ No

If "No," list address(es) for the last 24 months

From Date _____ To Date _____

Address _____
City State Country

From Date _____ To Date _____

Address _____
City State Country

8. For the last 12 months, which of the following applies to you:

- ☐ paid Virginia income taxes on all earned income
- ☐ filed as a resident in another state (list state) _____
- ☐ filed as a resident in Virginia and as a non-resident in another state (list state) _____
- ☐ was a resident in a state without income tax (list state) _____
- ☐ had no taxable income

9. For the past twelve months, have you lived out-of-state, worked in Virginia, and paid Virginia income taxes on at least \$14,500 of earned income? ☐ Yes ☐ No

If "Yes," list state _____

10. For the past 12 months, have you:

held a Virginia Driver's license or Virginia DMV ID? ☐ Yes ☐ No

If "No," has the applicant held a Driver's license or DMV ID to any other state? ☐ Yes (List state) _____ ☐ No

owned or operated a motor vehicle registered in Virginia? ☐ Yes ☐ No

If "No," has the applicant owned or operated a motor vehicle registered in any other state? ☐ Yes (List state) _____ ☐ No

been registered to vote in Virginia? ☐ Yes ☐ No

If "No," has the applicant been registered to vote in another state?

☐ Yes (List state) _____ ☐ No

B. Parent, Legal Guardian, or Spouse's Information

5. Is the above person retired from the U.S. Armed Forces? ☐ Yes ☐ No

Is the above person discharged from the U.S. Armed Forces? ☐ Yes ☐ No

If "Yes," date of discharge/retirement? _____
mm/dd/yyyy

Tax State on LES prior to discharge/retirement: _____
Tax State

6. Is the above person a dependent of someone retired from the U.S. Armed Forces? ☐ Yes ☐ No

Is the above person a dependent of someone discharged from the U.S. Armed Forces? ☐ Yes ☐ No

If "Yes," date of discharge/retirement? _____
mm/dd/yyyy

Tax State on LES prior to discharge/retirement: _____
Tax State

7. Has the above person lived in Virginia for the last 12 months? ☐ Yes ☐ No

If "No," list address(es) for the last 24 months

From Date _____ To Date _____

Address _____
City State Country

From Date _____ To Date _____

Address _____
City State Country

8. For the last 12 months, which of the following applies to the above person:

- ☐ paid Virginia income taxes on all earned income
- ☐ filed as a resident in another state (list state) _____
- ☐ filed as a resident in Virginia and as a non-resident in another state (list state) _____
- ☐ was a resident in a state without income tax (list state) _____
- ☐ had no taxable income

9. For the past twelve months, has the above person lived out-of-state, worked in Virginia, and paid Virginia income taxes on at least \$14,500 of earned income? ☐ Yes ☐ No

If "Yes," list state _____

10. For the past 12 months, has the above person:

held a Virginia Driver's license or Virginia DMV ID? ☐ Yes ☐ No

If "No," has the applicant held a Driver's license or DMV ID to any other state? ☐ Yes (List state) _____ ☐ No

owned or operated a motor vehicle registered in Virginia? ☐ Yes ☐ No

If "No," has the applicant owned or operated a motor vehicle registered in any other state? ☐ Yes (List state) _____ ☐ No

been registered to vote in Virginia? ☐ Yes ☐ No

If "No," has the applicant been registered to vote in another state?

☐ Yes (List state) _____ ☐ No

Please note: If you knowingly provide erroneous information to evade payment of out-of-state tuition and fees, you will be charged out-of-state tuition and fees for each term attended and may be subject to dismissal. Random audits of this information will be performed. I certify under penalty of disciplinary action that all of the information is complete and accurate. I agree to supply the college with supporting documentation related to my application, if I am requested to do so.

Signature of Applicant

Date

Signature of Parent, Legal Guardian (If under 24 years old), or Spouse

Date



AGREEMENT FOR OPEN ENROLLMENT PARTICIPATION IN THE WORKFORCE CREDENTIAL GRANT

Today's Date: _____

I, _____, am enrolling in: _____, as part of the New Economy Workforce Credential Grant Program (WCG). As a condition to receiving a grant, I agree to the following terms and conditions:

FOR STUDENTS RESPONSIBLE FOR PAYING FOR THEIR COURSE:

If I do not successfully complete the course by earning an "S" grade within thirty (30) days of the course end date, I agree to pay an additional 1/3 of the total course cost to: _____ Community College. If I earn an "S" grade within thirty (30) days of the program end date, I will not have any further financial obligations to the College for this course.

If I must pay an additional amount, I understand and agree to the following terms:

- A. I agree that I must pay all the money I owe to the College, although there may be reasons under the law that would reduce the amount that I owe. I also agree not to claim that I do not owe the money to the College. This means that homestead and all other exemptions, presentations, demand, protest and notice of dishonor are hereby waived by the undersigned.
- B. If the College does not receive payment within the timeframe noted in the College policy, I understand and agree that the Commonwealth will take all actions, including debt set-off, to collect the money I owe to the College.
- C. I also agree to pay all associated collection costs and/or attorney's fees if necessary to collect the money I owe to the College.

FOR STUDENTS WHOSE COMPANY IS PAYING FOR THEIR COURSE:

I understand in the case where the College has an agreement with my employer covering my specific participation in this New Economy Workforce Credential Grant Program (WCG) course, I will not be responsible for the additional 1/3 of the total course cost should I not successfully complete the course by earning an "S" grade within thirty (30) days of the course end date. I acknowledge and understand that I may owe my employer the additional 1/3 of the total course cost under a separate agreement or other arrangement, if I do not successfully complete the course. I further acknowledge and understand that the College will bill my employer the additional 1/3 of the total cost if I do not successfully complete the course by earning an "S" grade within thirty (30) days of the course end date. Accordingly, I hereby consent to the disclosure of my final grade to my employer if it is necessary for the College to receive the final 1/3 of the total course cost or for any other legitimate educational reason related to the WCG course.

FOR ALL STUDENTS:

1. I understand the purpose of the WCG is to financially assist me to gain the knowledge AND the applicable industry recognized credential or licensure. Therefore, I agree to seek the applicable credential or licensure

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associated with my program whether it is incorporated into the program cost or requires me to obtain the credential or licensure at an additional cost. I also agree to provide proof of my satisfactory completion of that credential or licensure to the College.

2. I understand that my social security number is required in order to maintain enrollment in this class. My social security number is being collected in accordance with federal and state law, and to claim the tax refund and other applicable state refunds and payments in cases where I must pay the College; for debtor information and skip-tracing; and to track and report the number of students who attain noncredit workforce credentials and other outcomes under this WCG.
3. I am 18 years or older. If I am under 18 years old, a parent or legal guardian has completed this agreement on my behalf.
4. By reading and responding to the following questions, I will agree to the above terms and conditions of this agreement. I understand that I may sign this agreement by hand and may do so by contacting the College.
5. I agree to the withdrawal, refund, repeat, completion, and non-completion procedures at the College.
6. I understand that I may file a complaint(s) using the procedures established by the College.
7. Virginia "domicile" means that you have lived in Virginia and intended to stay here indefinitely for at least one year prior to the date of this application. I understand that I must be domiciled in Virginia to receive the discount applied to this course. If I do not have domicile in Virginia, I will pay the full cost of the course, which is equal to three times the amount paid at initial enrollment.
8. I have not previously enrolled in and successfully passed this training program at a Virginia Community College. If I have previously enrolled in and successfully passed this training program at a Virginia Community College, I understand that I am not eligible to receive WCG funding for this training program and agree to pay an additional 2/3 of the total course cost to the community college where I am now enrolling.

PLEASE RESPOND WITH YOUR INITIALS AS INDICATED:

A. I have read and understand the terms and conditions of the agreement. Type your initials here:

B. I agree to the above terms and conditions of the agreement. Type your initials here:

C. I understand that I have the option to sign this document by hand. Type your initials here:

D. I agree to sign the agreement electronically. Type your initials here:

Signature

Name (please print)

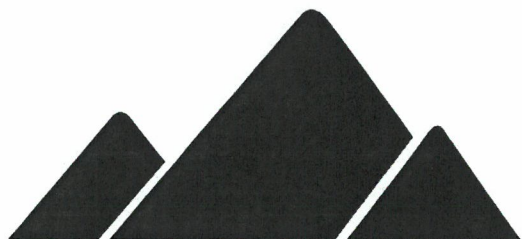
Date

Parent/Guardian Signature

Name (please print)

Date

Student Name: _____ Social Security: _____ Student ID: _____



WYTHEVILLE COMMUNITY COLLEGE

Workforce Development

Financial Assistance Application/Checklist

DATE: _____ EMPLID# (If you are a current or past WCC student) _____

APPLICANT NAME: First _____ Middle Initial: _____ Last: _____

STREET ADDRESS/PO BOX: _____ APT # _____

TOWN/CITY: _____ STATE: _____ ZIP CODE: _____

SOCIAL SECURITY NUMBER: _____ DATE OF BIRTH: _____

DAYTIME PHONE NUMBER: _____ E-MAIL ADDRESS: _____

Please attach copies of following eligibility documents required for qualification for Workforce Financial Aid:

1. Proof of Virginia Residency (one of the following)

- | | | |
|------------------------------------|---|----------------------------------|
| <input type="radio"/> Utility Bill | <input type="radio"/> Housing Contract | <input type="radio"/> Voter Card |
| <input type="radio"/> Rent Receipt | <input type="radio"/> Preprinted Bank Statement | |

2. Completed High School Requirements

- | | |
|---------------------------------|--------------------------|
| <input type="radio"/> Yes _____ | <input type="radio"/> No |
| Date of Graduation | |

3. Age Verification (one of the following)

- | | |
|--|---|
| <input type="radio"/> Driver's License | <input type="radio"/> Birth Certificate |
| <input type="radio"/> Passport | <input type="radio"/> State-Issued ID |

4. Compliance with Military Selective Service Act

I am in compliance with the Selective Service Act requirements:

- | | | |
|---------------------------|--------------------------|--|
| <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Female Applicant
(SSA does not apply) |
|---------------------------|--------------------------|--|

5. Not currently enrolled in an Associate or Bachelor's degree program
 - ☐ Not currently enrolled
 - ☐ Currently enrolled

6. Eligible Workforce Training Program: (Check one)
 - ☐ Gas Metal Arc Welding
 - ☐ CDL/Truck Driver Training
 - ☐ Power Line Worker
 - ☐ Under Ground Power Worker
 - ☐ ASE Student Certification
 - ☐ Industrial Maintenance Mechanic

7. Ineligible for other tuition assistance benefits:
 - a. Are you a veteran who is eligible for GI Bill funding?
 - ☐ Yes
 - ☐ No

 - b. Are you currently employed?
 - ☐ Yes
 - ☐ No

 - c. If you are employed, have you been laid off in the last 20 months and your current job is an interim or temporary position?
 - ☐ Yes
 - ☐ No

 - d. Are you or will you be receiving any other federal tuition assistance from other sources?
 - ☐ Yes
 - ☐ No

"Yes" to any question could indicate eligibility for other tuition assistance or grant funding. Workforce Development staff will help determine if you meet the qualifications for any other funding options.

7. Demonstrate a financial need using one of the following:

- ☐ Option 1: SNAP / TANF Eligibility
 - ☐ Present current SNAP Card
Supplemental Nutrition Assistance Program
 - ☐ Present current TANF Card
Temporary Assistance for Needy Families
 - ☐ Documentation stating eligibility for either SNAP or TANF

- ☐ Option 2: Household Income
 1. Is anyone claiming you as a dependent on their tax return?
 - ☐ Yes
 - ☐ No

If applicant answers yes, the Tax Transcript submitted must be from the tax return they are claimed on, not the applicant's tax return.

2. IRS Tax Return Transcript: (Check one)

To obtain your Tax Return Transcript go to IRS website (allow 10 business days to arrive in mail).

<http://www.irs.gov/Individuals/Get---Transcript>

- ☐ I have attached a Tax Return Transcript from my most recent Tax Return.
- ☐ I have applied for a Tax Return Transcript from my most recent Tax Return

Based on your Tax Transcript and the number of persons in your household, we will use the following table to determine your eligibility:

Family Type	Maximum Income Allowed
1 person	\$25,760
2 people	\$34,840
3 people	\$43,920
4 people	\$53,000
5 people	\$62,080
6 people	\$71,160

Additional Information for Clarification:

Certification and Signature

By signing this worksheet, I certify that all of the information reported is true and correct. I acknowledge that I am aware that purposely giving false or misleading information in order to obtain financial aid is punishable by a fine of up to \$20,000, imprisonment, or both.

Student's Signature: _____ Date: _____

Spouse's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

APPLICANT MEMORANDUM OF UNDERSTANDING (MOU)

I understand and fully agree with each of the following conditions associated with applying for and receiving funding for the **Workforce Development Financial Assistance**:

1. I have accurately and truthfully completed this application for Workforce Development Financial Assistance and have been evaluated/disqualified for all other forms of financial assistance including, but not limited to, Veteran's GI Benefits and WIOA Funding. Failure to full disclose information or false statements/information will disqualify the applicant from consideration;
2. Only fully complete applications will be reviewed/considered. All required documentation must be provided with submission and prior to the start of class with the only exception being the Tax Transcript which may be submitted up to 2 business days past the start date of class;
3. I understand the purpose of this funding is to financially assist me to gain the knowledge AND the applicable industry recognized credential or licensure. Seeking the applicable credential or licensure, whether it is incorporated in my program or requires me to obtain the certification at additional cost, is an **expectation** for accepting these funds;
4. I understand that, if approved for this funding, I will be responsible for paying 10% of the cost of the program at time of registration. The remaining 90% will be covered by the Workforce Development Financial Assistance. Any additional costs required for credential/license attainment not included in the cost of the program are **solely my expense**.
5. I understand I am responsible for paying my 10% portion of the cost at the of registration as well as providing all required documentation for the determination of qualification prior to registration;
6. I understand my obligation to attend all scheduled classes as absences may compromise my success and ability to acquire the necessary information. I will make the commitment necessary to successfully meet the requirements to complete all class and program requirements;
7. I understand there are no job guarantees expressed or implied and the responsibility for finding employment is solely my own;
8. I understand Workforce Development may share my information with other supporting agencies;
9. I agree to respond promptly to requests for information related to this agreement and/or the class if contacted and to provide Workforce Development with a current daytime phone number and email;
10. I understand that part of the application process will be to submit a completed W-9 and the applicant's 10% portion in the form of a credit/debit card, check or cash; and,
11. I agree to provide information needed to complete the follow-up documentation in a timely and agreeable manner. If a third party credentialing or licensing is attained, I will provide documentation of the credential or licensure within 90 days of completing the Workforce Development program.

THIS SECTION TO BE COMPLETED BY WORKFORCE DEVELOPMENT REPRESENTATIVE

PROGRAM SELECTION: _____	
TOTAL PROGRAM COST: \$ _____	APPLICANT'S 10% \$ _____
CERTIFICATION: <input type="checkbox"/> Included in program cost	*Estimated Additional Cost for Certification of Applicant \$ _____
<input type="checkbox"/> Not Included in Program Cost*	ESTIMATED OUT OF POCKET EXPENSE TO APPLICANT \$ _____

I understand and fully agree to meet the conditions of the MOU and financial obligations as stated above in consideration for receiving WCC Workforce Development Financial Assistance:

Applicant Signature _____

Date _____