Checklist for Short-Term Fast-Forward Workforce Programs:

☐ Complete Enrollment & Financial Aid Application Packet: Both student & parent must complete the entire enrollment application if student is under 24 & still lives at home.

☐ Submit the following documents:
  o Copy of Virginia Driver’s License—both student & parent must provide. (If student is under the age of 24, and still living at home)
  o Proof of Address—(utility bill, bank statement, etc.)
  o Most Recent Filed Tax Return. (If student is under 24 & still lives at home, will need parents filed tax return)

**In addition, and for ONLY those students who are enrolling into the Power Line or CDL Class A Truck Driving programs the following documents MUST be submitted by required deadline set by Career Coach:

☐ CDL A Learner’s Permit/or proof from DMV that you have passed your tests (General Knowledge, Air Brakes, & Combination).
  ➢ You are REQUIRED to obtain your Class A CDL Learning permit prior to enrollment. Without these documents (including application packet) students will not be permitted into the class and may be required to wait until the following semester to enroll. Permits can be obtained through the DMV.
  ➢ In preparation for the test, download the app CDL PREP and study the following sections: General Knowledge, Air Brakes & Combination, or pick up a book at DMV and study chapters 1-6 (exclude chapter 4).

☐ Most recent DMV Driving Record

☐ DOT Physical/5 Panel Drug Test (all paperwork including medical card must be provided) Students are enrolled on a first come, first serve basis, as they complete and finalize their tuition/paperwork, and obtain any pre-req’s needed to enroll in the class. (CDL class-A learner’s permit, DOT Physical/5 panel drug screening, DMV record, etc.)

Contact Vicki Marrs, Workforce Career Coach, to enroll or to learn more about our Fast Forward short-term training programs. Call 276-223-4717 or email vmarrs@wcc.vccs.edu for more information.
Non-Credit Application for Admission
Wytheville Community College – Office of Workforce Development
1000 East Main Street, Wytheville, VA 24382
Phone: 276-223-4717 Fax: 276-223-4716

Name
Prefix: (Mr., Mrs.) First Full Middle Last Suffix (Jr., Sr.)

Social Security Number:
See privacy statement, which may be obtained in the Admissions/Records Office.

Former Name ____________________________________________________________
First Full Middle Last

Date of Birth: __________/________/________
(Month) (Day) (Year)
Are you unemployed or have been laid off from your job? Yes ☐ No ☐

Have you previously attended, applied for admission to, or been employed by any Virginia Community College? Yes ☐ No ☐

If yes and you know your Student ID/EMPL ID, please provide: ________________________________

What campus do you plan to attend (if known)? ________________________________

Primary Phone (Include area code): __________-_________ Ext. __________

Mailing Address

Street Address ________________________________
City __________________________ Zip ___________
State __________________________ Country, if not USA __________________________

Current residence: ________________________________ (City/County)
Provide what you consider to be your location of residence.

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

If no, where else did you live: ________________________________

(US State or foreign country)

VISA Type ________________________________ VISA Expiration Date ________________________________

Email Address ________________________________

Emergency Contact Information

First Name __________________________ Last Name __________________________

Relationship __________________________ Phone __________________________

Business Phone __________ Ext. __________

Employer Name & Address ________________________________

Employer E-mail address ________________________________

Ethnicity □ American Indian/Alaskan Native □ Asian □ Black/African American
□ Hispanic/Latino □ White □ Native Hawaiian/Other Pacific Island

Gender □ Male □ Female

□ Alien temporary □ Not living in the U.S. □ Not indicated

Primary Language □ English □ Other

Military Status □ No Military Service □ Spouse □ Dependent □ Active Duty
□ Inactive Reserves □ Retired □ Veteran/VA Ineligible □ Active Reserves
Branch ________________________________

Applicant’s Signature: __________________________ Date: __________

This institution promotes and maintains educational opportunities without regard to race, color, sex, ethnicity, religious, gender, age (except when age is a bona fide occupational qualification), handicap, national origin or other non-credit factors. For further information, contact the Title IX Coordinator in Smith Hall – Room 110, (276) 223-4889.

Note: Employer, date of birth, sex, and race information are used for research, reporting, and management of student records.

CLASS REGISTRATION

<table>
<thead>
<tr>
<th>Title</th>
<th>Class Prefix</th>
<th>Course Number</th>
<th>Section</th>
<th>SIS Class #</th>
<th>CRN’s</th>
<th>Cost</th>
<th>Start Date</th>
<th>End Date</th>
</tr>
</thead>
</table>


DOMICILE DETERMINATION FORM

All students taking classes must complete the Domicile Determination Form.

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.

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

1. Applicant’s Name: 
   
   First: ____________________  Middle (Full): ____________________  Last: ____________________

   Date of birth: mm/dd/yyyy

2. Are you a U.S. Citizen?  Yes  No (if "Yes" skip to question #3)
   If "No," are you a permanent resident?  Yes  No
   If "Yes," what is your "A number"?
   If "No," what is your immigration status?

3. Are you on active duty in the U.S. Armed Forces?  Yes  No
   If "Yes," is Virginia listed as the Tax State on your Leave and Earning Statement?  Yes  No

   Date of Entry: mm/dd/yyyy

   Official Duty Station: ____________________  State: ____________________

   Reporting Date: mm/dd/yyyy  Duration of Orders: mm/dd/yyyy

4. Are you the dependent of an active duty member in the U.S. Armed Forces?  Yes  No
   If "Yes," is Virginia listed as the Tax State on your Leave and Earning Statement?  Yes  No

   Date of Entry: mm/dd/yyyy

   Official Duty Station: ____________________  State: ____________________

   Reporting Date: mm/dd/yyyy  Duration of Orders: mm/dd/yyyy

---

### B. Parent, Legal Guardian, or Spouse’s Information

1. Provide the name of the person upon whom you are basing your domicile: 

   First: ____________________  Middle (Full): ____________________  Last: ____________________

2. Using the above person’s information, answer the questions below.
   Is the above person a U.S. citizen?  Yes  No (if "Yes" skip to question #3)
   If "No," is he/she a permanent resident?  Yes  No
   If "Yes," what is his/her "A number"?
   If "No," what is his/her immigration status?

3. Is the above person on active duty in the U.S. Armed Forces?  Yes  No
   If "Yes," is Virginia listed as the Tax State on his/her Leave and Earning Statement?  Yes  No

   Date of Entry: mm/dd/yyyy

   Official Duty Station: ____________________  State: ____________________

   Reporting Date: mm/dd/yyyy  Duration of Orders: mm/dd/yyyy

4. Is the above person married to an active duty member of the U.S. Armed Forces?  Yes  No
   If "Yes," is Virginia listed as the Tax State on the Leave and Earning Statement?  Yes  No

   Date of Entry: mm/dd/yyyy

   Official Duty Station: ____________________  State: ____________________

   Reporting Date: mm/dd/yyyy  Duration of Orders: mm/dd/yyyy
<table>
<thead>
<tr>
<th>A. Applicant’s Information</th>
<th>B. Parent, Legal Guardian, or Spouse’s Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>5. Are you retired from the U.S. Armed Forces? □ Yes □ No</td>
<td>5. Is the above person retired from the U.S. Armed Forces? □ Yes □ No</td>
</tr>
<tr>
<td>Were you discharged from the U.S. Armed Forces? □ Yes □ No</td>
<td>Is the above person discharged from the U.S. Armed Forces? □ Yes □ No</td>
</tr>
<tr>
<td>If “Yes,” date of discharge/retirement? mm/dd/yyyy</td>
<td>If “Yes,” date of discharge/retirement? mm/dd/yyyy</td>
</tr>
<tr>
<td>Tax State on LES prior to discharge/retirement:</td>
<td>Tax State on LES prior to discharge/retirement:</td>
</tr>
<tr>
<td>Tax State</td>
<td>Tax State</td>
</tr>
<tr>
<td>6. Are you the dependent of someone retired from the U.S. Armed Forces? □ Yes □ No</td>
<td>6. Is the above person a dependent of someone retired from the U.S. Armed Forces? □ Yes □ No</td>
</tr>
<tr>
<td>Are you the dependent of someone discharged from the U.S. Armed Forces? □ Yes □ No</td>
<td>Is the above person a dependent of someone discharged from the U.S. Armed Forces? □ Yes □ No</td>
</tr>
<tr>
<td>If “Yes,” date of discharge/retirement? mm/dd/yyyy</td>
<td>If “Yes,” date of discharge/retirement? mm/dd/yyyy</td>
</tr>
<tr>
<td>Tax State on LES prior to discharge/retirement:</td>
<td>Tax State on LES prior to discharge/retirement:</td>
</tr>
<tr>
<td>Tax State</td>
<td>Tax State</td>
</tr>
<tr>
<td>7. Have you lived in Virginia for the last 12 months? □ Yes □ No</td>
<td>7. Has the above person lived in Virginia for the last 12 months? □ Yes □ No</td>
</tr>
<tr>
<td>If “No,” list address(es) for the last 24 months</td>
<td>If “No,” list address(es) for the last 24 months</td>
</tr>
<tr>
<td>From Date _____________________ To Date _____________________</td>
<td>From Date _____________________ To Date _____________________</td>
</tr>
<tr>
<td>Address _____________________</td>
<td>Address _____________________</td>
</tr>
<tr>
<td>City _____________________ State _____________________ Country _____________________</td>
<td>City _____________________ State _____________________ Country _____________________</td>
</tr>
<tr>
<td>From Date _____________________ To Date _____________________</td>
<td>From Date _____________________ To Date _____________________</td>
</tr>
<tr>
<td>Address _____________________</td>
<td>Address _____________________</td>
</tr>
<tr>
<td>City _____________________ State _____________________ Country _____________________</td>
<td>City _____________________ State _____________________ Country _____________________</td>
</tr>
<tr>
<td>8. For the last 12 months, which of the following applies to you:</td>
<td>8. For the last 12 months, which of the following applies to the above person:</td>
</tr>
<tr>
<td>□ paid Virginia income taxes on all earned income</td>
<td>□ paid Virginia income taxes on all earned income</td>
</tr>
<tr>
<td>□ filed as a resident in another state (list state)</td>
<td>□ filed as a resident in another state (list state)</td>
</tr>
<tr>
<td>□ filed as a resident in Virginia and as a non-resident in another state (list state)</td>
<td>□ filed as a resident in Virginia and as a non-resident in another state (list state)</td>
</tr>
<tr>
<td>□ was a resident in a state without income tax (list state)</td>
<td>□ was a resident in a state without income tax (list state)</td>
</tr>
<tr>
<td>□ had no taxable income</td>
<td>□ had no taxable income</td>
</tr>
<tr>
<td>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</td>
<td>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</td>
</tr>
<tr>
<td>If “Yes,” list state _____________________</td>
<td>If “Yes,” list state _____________________</td>
</tr>
<tr>
<td>10. For the past 12 months, have you:</td>
<td>10. For the past 12 months, has the above person:</td>
</tr>
<tr>
<td>held a Virginia Driver’s license or Virginia DMV ID? □ Yes □ No</td>
<td>held a Virginia Driver’s license or Virginia DMV ID? □ Yes □ No</td>
</tr>
<tr>
<td>If “No,” has the applicant held a Driver’s license or DMV ID to any other state? □ Yes (List state) _____________________</td>
<td>If “No,” has the applicant held a Driver’s license or DMV ID to any other state? □ Yes (List state) _____________________</td>
</tr>
<tr>
<td>owned or operated a motor vehicle registered in Virginia? □ Yes □ No</td>
<td>owned or operated a motor vehicle registered in Virginia? □ Yes □ No</td>
</tr>
<tr>
<td>If “No,” has the applicant owned or operated a motor vehicle registered in any other state? □ Yes (List state) _____________________</td>
<td>If “No,” has the applicant owned or operated a motor vehicle registered in any other state? □ Yes (List state) _____________________</td>
</tr>
<tr>
<td>been registered to vote in Virginia? □ Yes □ No</td>
<td>been registered to vote in Virginia? □ Yes □ No</td>
</tr>
<tr>
<td>If “No,” has the applicant been registered to vote in another state? □ Yes (List state) _____________________</td>
<td>If “No,” has the applicant been registered to vote in another state? □ Yes (List state) _____________________</td>
</tr>
</tbody>
</table>

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 ________________

RVSD 5/12/2016
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)
   o Utility Bill
   o Rent Receipt
   o Housing Contract
   o Preprinted Bank Statement
   o Voter Card

2. Completed High School Requirements
   o Yes ________________  o No
   Date of Graduation

3. Age Verification (one of the following)
   o Driver’s License
   o Passport
   o Birth Certificate
   o State-Issued ID

4. Compliance with Military Selective Service Act
   I am in compliance with the Selective Service Act requirements:
   o Yes
   o No
   o Female Applicant
     (SSA does not apply)

Rev. 8/21
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.

Rev. 8/21
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
   o I have attached a Tax Return Transcript from my most recent Tax Return.
   o 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:

<table>
<thead>
<tr>
<th>Family Type</th>
<th>Maximum Income Allowed</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 person</td>
<td>$25,760</td>
</tr>
<tr>
<td>2 people</td>
<td>$34,840</td>
</tr>
<tr>
<td>3 people</td>
<td>$43,920</td>
</tr>
<tr>
<td>4 people</td>
<td>$53,000</td>
</tr>
<tr>
<td>5 people</td>
<td>$62,080</td>
</tr>
<tr>
<td>6 people</td>
<td>$71,160</td>
</tr>
</tbody>
</table>

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: ___________________________

Rev. 8/21
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: Mountain Empire 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 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 __________

Updated: 10/31/2017
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 fully 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 time 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.

| PROGRAM SELECTION: ____________________________ | APPLICANT’S 10% $ ____________________________ |
| TOTAL PROGRAM COST: $ ____________________________ | ESTIMATED OUT OF POCKET EXPENSE TO APPLICANT $ ____________________________ |
| CERTIFICATION: ☐ Included in program cost | ☐ Not Included in Program Cost* |
| *Estimated Additional Cost for Certification of 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 ____________________________