



FANTIC Financial Application

The Peninsula's Community College

GENERAL INFORMATION:

TODAY'S DATE _____

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

STREET ADDRESS/PO BOX: _____ APT # _____

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

LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER: _____ DATE OF BIRTH: _____

DAYTIME PHONE NUMBER: _____ EMAIL: _____

Please attach copies of the following eligibility documents required for qualification for **Continuing Education Financial Aid**:

1. **Citizenship Status** – Citizens need birth certificate or passport; non-U.S. citizens, please provide other proof of status

- U.S. Citizen
- Birth Certificate
- Passport
- Permanent Resident
- Temporary Visa: Please specify _____
- Other: Please specify _____

2. **Age Verification** - Must be at least 18 years of age or older OR completed high school graduation requirements:

| | | |
|--|---|--|
| <input type="checkbox"/> Driver's License | <input type="checkbox"/> State-issued ID card | <input type="checkbox"/> Passport |
| <input type="checkbox"/> Birth Certificate | <input type="checkbox"/> High School Transcript | <input type="checkbox"/> High School Diploma |

3. **Domicile Verification** - must **prove** residence in Virginia for 12 months prior to application date:

| | | |
|--|--|--|
| <input type="checkbox"/> Driver's License | <input type="checkbox"/> Voter ID card | <input type="checkbox"/> Bank Statements (one 12 months old and one current) |
| <input type="checkbox"/> VA Vehicle Registration (one 12 months old and one current) | <input type="checkbox"/> Most recent year Tax Transcript or Form 1040 or W-2 | <input type="checkbox"/> Utility Bill with current address and 12- month history |
| <input type="checkbox"/> Rent Receipt (one 12 months old and one current) | <input type="checkbox"/> VEC DG-91 Monetary Determination form | <input type="checkbox"/> Lease (at least 12 months old) |

4. **Income Verification**

Are you eligible for SNAP (Supplemental Nutrition Assistance Program) or TANF (Temporary Assistance for Needy Families)?

Yes No

If **Yes**, please provide one of the following:

- Current SNAP Card
- Current TANF Card
- Documentation stating eligibility for either SNAP or TANF

5. **Household Income**

- a. Is anyone claiming you as a dependent on their tax return? Yes No
- b. Annual Household Income (If hourly – Rate of Pay per hour X Hours Worked per year) _____
- c. Number of persons in family/household _____
- d. Applicant submitted Tax Transcript, Form 1040 or W-2 verifying household income. Yes No
- e. Applicant applied for Tax Transcript and submitted recent pay stubs or VEC DG-91 verification. Yes No

6. **Compliance with Military Selective Service Act** (male students only)

I am in compliance with the Selective Service Act requirements. female - N/A

Yes No

7. **Are you currently enrolled in an Associate or Bachelor's degree program?**

Yes No

If yes, provide documentation that the training relates to the degree program and is necessary to meet a job requirement or advance employment success.

8. **Are you eligible 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 is your current job an interim or temporary position? Yes No
- d. Are you or will you be receiving any other tuition assistance for this program from other sources? Yes No

If Yes, specify below which program:

- Workforce Innovation & Opportunity Act (WIOA)
- Department of Aging & Rehabilitative Services
- Other
- Virginia Initiative for Employment Not Welfare (VIEW)
- Federal or State Financial Aid

Additional Information for Clarification:

Application Checklist - check below to indicate that you have provided each of the following items:

- Completed each item on this form
- If necessary, provided documentation of eligible noncitizen status
- Attached documentation of age, high school completion and domicile
- If applicable, attached documentation of SNAP or TANF
- Attached a copy of prior year Tax Return Transcript or VEC verification

By signing this form, I agree to provide a copy of the credential awarded upon the completion of the program and certification exam. I certify that the information in this application is true and complete to the best of my knowledge and, if I later determine any information in this application to be represented incorrectly, I will contact the Continuing Education Office.

Student Signature

Date

Financial Assistance Application Instructions

General Information:

Complete indicated fields for personal and contact information. Be sure to use the address where you currently receive mail, and the phone number and e-mail address at which you can most easily be reached.

1. Citizenship: Please indicate your current citizenship status and provide the appropriate document(s). Please bring original to the Continuing Education Office so that we may make a copy for our records. Birth certificate or passport or:

- I-797 Receipt Notice
- Employee Authorization Card with "A-10" stamp
- I-551 (Permanent Residence) Card or Passport with I-551 stamp
- Passport or I-94 with refugee designation
- A-1, A-2, or A-3 Visa
- E-1, E-2, or E-3 Visa
- G-1, G-2, G-3, G-4, or G-5 Visa
- H-1B, H-1C, or H-4 Visa
- I Visa
- K-1, K-2, or K-3 Visa
- L-1A, L-1B, or L-2 Visa
- N-8 or N-9 Visa
- NATO-6 Visa
- O-1 or O-3 Visa
- P-1, P-2, P-3, or P-4 Visa
- R-1 or R-2 Visa
- T-1 or T-2 Visa
- U-1 or U-2 Visa
- V-1, V-2, or V-3 Visa

2. Age Verification: You must be 18 years of age OR have completed high school graduation requirements. Please provide a copy of one of the following:

- Driver's license or state ID
- Birth certificate or passport
- High school transcript or diploma

3. Domicile Verification: Be certain that all documents selected show 12 months at a Virginia address.

4. Income Verification: If you are eligible for either SNAP (Supplemental Nutrition Assistance Program) or TANF (Temporary Assistance for Needy Families), check "yes" and indicate which program(s). Please provide documentation of eligibility.

5. Household Income:

a. Indicate whether you are being claimed as a dependent on anyone else's tax return.

b. List your annual household income (Income for yourself, and spouse if married; if you are a dependent of your parents, list your parents' income)

c. List the number of persons in your household. Include yourself, your spouse, and any dependent for whom you and/or your spouse provide at least 50% of expenses.

d. Attach a copy of your most recent Tax return transcript. You may request this at www.irs.gov or by calling the IRS at 800-908-9946. Please contact the Continuing Education Office if you have had a dramatic change in income not reflected in your tax return.

e. If you are working please provide two recent pay stubs. If not, please provide VEC DG-91 verification.

6. Compliance with Military Service Act: all male students must be registered for Selective Service or provide proof that they are not required to register. You may check your status with Selective Service at www.sss.gov.

7. Enrollment in an Associate or Bachelor's Degree

Program: Check "no" if you are not **currently** enrolled in an Associate or Bachelor's Degree program and **will not begin enrollment** in such a program for the duration of your continuing education course/program. Check "yes" if you are or will be enrolled in an Associate or Bachelor's degree program during your continuing education course/program. **If yes**, please provide documentation from your school or program coordinator indicating that the training relates to your degree program and is necessary to meet a job requirement or advance employment success.

8. Other tuition assistance benefits:

a. GI Bill: Please indicate whether you will receive GI Bill funding for assistance with this program.

b. Employment: Please indicate whether you are currently employed (full or part-time).

c. Job Status: Check "yes" if you have been laid off in the last 20 months OR if your current job is a temporary or interim position.

d. Other Assistance Programs: Please indicate whether you are receiving **tuition assistance** from any other source. If yes, please check the program listed or indicate any other method of tuition assistance.

Financial Assistance Now Available for these Certification Programs

| | APPROVED COURSE/PROGRAM/CURRICULUM | LENGTH/HOURS | COSTS | First Third WCG | FANTIC 10% of First Third |
|----|---|------------------------------------|---------|--------------------|---------------------------------|
| | Approved for WCG 1/3 funding | | | | |
| 1 | Certified Ethical Hacker | 40 Hours/2 Weeks | \$2,040 | \$680 | \$68.00 |
| 2 | Certified Information Systems Security Professional (CISSP) | 40 Hours/ 5 Weeks | \$2,310 | \$770 | \$77.00 |
| 3 | Nurse Aide Education | 120 Hours/15 Weeks | \$2,400 | \$800 | \$80.00 |
| 4 | Certified Welder – Stick or TIG Pipe | 120 Hours/5 Weeks | \$2,271 | \$757 | \$75.70 |
| 5 | Clinical Medical Assistant | 145 Hours/16 Weeks | \$3,225 | \$1075 | \$107.50 |
| 6 | Commercial Driver's License | 160 Hours/4 Weeks FT or 8 Weeks PT | \$4,200 | \$1,400 | \$140.00 |
| 7 | Pharmacy Technician | 145 Hours/16 Weeks | \$3,255 | \$1,085 | \$108.50 |
| 8 | Phlebotomy Technician | 72 Hours/10 Weeks | \$2,580 | \$860 | \$86.00 |
| 9 | A+ Certified Technician | 80 Hours/7 Weeks | \$2,130 | \$710 | \$71.00 |
| 10 | Network+ Certified Technician | 42 Hours/3.5 Weeks | \$1,425 | \$475 | \$47.50 |
| 11 | Security+ Certified Technician | 40 Hours/3.5 Weeks | \$1,530 | \$510 | \$51.00 |
| 12 | Welder - Shield Metal Arc Welding | 120 Hours/5 Weeks | \$2,157 | \$719 | \$71.90 |
| 13 | Welder - Fluxed Core Arc Welding | 120 Hours/5 Weeks | \$2,247 | \$749 | \$74.90 |
| 14 | Welder - Gas Metal Arc Welding | 25 Hours/1 Week | \$585 | \$195 | \$19.50 |
| 15 | Welder - Gas Tungsten Arc Welding | 80 Hours/4 Weeks | \$1,410 | \$470 | \$47.00 |
| 16 | Electrician (Residential) Level I | 185 Hours/12 Weeks | \$2,187 | \$729 | \$72.90 |
| 17 | Electrician (Residential) Level II | 135 Hours/8 Weeks | \$1,725 | \$575 | \$57.50 |
| 18 | Manufacturing Specialist (MS) | 80 Hours/8 Weeks | \$1,149 | \$383 | \$38.30 |
| 19 | Manufacturing Technician Level 1 (MT 1) | 100 Hours/8 Weeks | \$1,605 | \$535 | \$53.50 |

FANTIC FINANCIAL ASSISTANCE ELIGIBILITY 2016 – 2017

If your family size and income match one of the following, you are eligible for FANTIC funding. You will still be required to pay 10% of the first 1/3 of the tuition cost for the program you choose, as well as all books and program materials. Exam vouchers and study guides are included in most of the course/program prices.

Family of 1 and income below \$23,540

Family of 2 and income below \$31,860

Family of 3 and income below \$40,180

Family of 4 and income below \$48,500

Family of 5 and income below \$56,820

Family of 6 and income below \$65,140

Family of 7 and income below \$73,460

Family of 8 and income below \$81,780