



## WCG Workforce Financial Assistance (FANTIC)

### Overview

Congratulations on your decision to pursue a credential and/or licensure. Sometimes the cost of programs that prepare you for high-demand careers can create a financial barrier. The Workforce Credential Grant (WCG) underwrites the cost of select pre-approved high-demand training programs by covering two thirds of the cost with the expectation of the applicant obtaining the related workforce credential. The applicant is financially responsible for the first third. If the applicant is financially unable to pay the first third as determined by predefined criteria, he/she may qualify for Workforce Financial Assistance (FANTIC).

### What is the Workforce Credential Grant (WCG)?

WCG stands for Workforce Credential Grant. This is a program funded by the Virginia General Assembly to encourage the attainment of high-demand Workforce Credentials by underwriting the cost of approved Credential Preparation Programs. Students are required to pay 1/3 the cost of the program with the explicit expectation they will seek and obtain the related credential identified for their program of choice. Failure to complete the class will result in the student's financial obligation to pay an additional 1/3 of the cost of the program back to the Commonwealth of Virginia.

Workforce Financial Assistance (FANTIC: **F**inancial **A**id for **N**oncredit **T**raining Leading to **I**ndustry **R**ecognized **C**redentials) provides funding for students demonstrating financial need who desire to enroll in an approved workforce training program leading to the attainment of an industry recognized credential or licensure and are not eligible for other funding grants or financial assistance. This financial aid will pay for 90% of the student's cost for the program. The qualified student will be responsible for 10% of student portion at the time of registration.

### What is expected?

Those participating in this program will be expected to regularly attend and participate in all classes AND successfully attain a designated credential or licensure at the end of the program, regardless of whether that credential is embedded in the cost of the class or requires an additional fee for a credential assessment at a third-party site.

The cost of embedded credential assessments will be covered by the Workforce Credential Grant, but the cost of a third party/off-site assessment (not included in the cost of the class) will be the applicant's financial responsibility.

If you qualify for the WCG Workforce Financial Assistance (FANTIC) you will pay 10% of the student

obligation (1/3 of the cost of the program). WCG Workforce Financial Assistance will pay the remaining 90% of the student obligation.

## What are the qualifications?

To participate in the program, the applicant shall: (eligibility documents are listed with each)

1. **Be a US citizen or eligible noncitizen**
2. **Be a resident of the Commonwealth of Virginia for a minimum of 1 year**
3. **Have completed high school or GED requirements**
4. **Be in compliance with federal Selective Service registration requirements**
5. **Not be enrolled in an associate or bachelor's degree program**, unless the Workforce program provides training related to the degree program and is necessary to meet a job requirement or advance employment success
6. **Submit a complete application packet with all required documentation**
7. **Enroll in a preapproved TCC WCG credential program**
8. **Be ineligible\* for other forms of tuition funding** including tuition assistance programs from WIOA, SNAPET, TANF, DRS, or any other state or federal programs (\* You may be asked to provide documentation of denial for other assistance programs.)
9. **Demonstrate financial need based on household income by:**
  - a. Providing proof (by providing a current/active SNAP or TANF card bearing your name for verification) that either the student or dependent student's parent(s) is currently eligible for the Supplemental Nutrition Assistance program (SNAP) and/or Temporary Assistance for Needy Families (TANF);  
or
  - b. Demonstrating that the student or the dependent student's parent(s) has a household adjusted gross income that is either less than 300% of the Federal Poverty Guidelines. For verification, you must provide a copy of your IRS Tax Transcript. The applicant must apply to the IRS to get a Tax Return Transcript, which must accompany the application if he/she is solely using income to determine financial eligibility. This process can take up to 10 business days so plan accordingly. The latest Tax return may be used for review purposes until the Tax transcript arrives.

Visit the IRS website to request your Tax Transcript.

If the transcript mailing time will delay the registration/application process past the starting date of the class, we can temporarily accept a copy of your most recent tax return to begin the process so long as we receive the Tax Transcript (that will verify the tax transcript requested) no later than 3 business days past the class start date.

## How do I apply?

Please complete the WCG Workforce Financial Assistance (FANTIC) Application/Checklist, and bring in the required documentation as outlined above and on the application. You can stop by our TCC Workforce Solutions office during business hours to submit your application and paperwork. Or you may submit the application packet and documentation electronically by e-mail or FAX.

Applications will be reviewed by the Workforce Solutions staff to determine qualification. You may be required to apply for other funding sources based on your application responses/documentation prior to being evaluated to receive the Workforce Financial Assistance.

As part of the application process you will also sign a Memorandum of Understanding that outlines the expectations of and cost to the recipient and becomes a part of the application packet acknowledging your obligations and responsibilities for obtaining these funds.

## Workforce Solutions Class Cancellation Policy

In the event an applicant wishes to cancel a class he/she must adhere to the Workforce Solutions Cancellation policy, which requires cancellation prior to the first meeting of the class a minimum of three days' notice prior to the start of the class to receive a refund.

In the event Workforce Solutions has to cancel a class due to insufficient enrollment or another extenuating circumstances, the applicant will be given the option of moving to another section of the same class or receiving a refund and any financial assistance award refund will revert to TCC Workforce Solutions.

## Contact Information and Questions

For general questions call our office at 757-822-1234 or stop by our office at 7000 College Drive, Suffolk, VA.

**FAX application and documentation to: 757-822-1160**

**or e-mail to: [erichardson@tcc.edu](mailto:erichardson@tcc.edu)**

**Application MUST include:** *(do not send Overview pages; keep for your records)*

- Completed application
- Proof of US citizenship
- Photo ID
- Domicile Determination form
- Age verification
- Copy of SNAP card with your name OR IRS Tax Transcript or latest Tax Return
- MOU for Program you're requesting
- Completed Program Release Form



# WCG Workforce Financial Assistance (FANTIC)

Application/ Checklist

Today's Date \_\_\_\_\_

## Applicant Information

Applicant Name \_\_\_\_\_  
 E-mail \_\_\_\_\_ Phone \_\_\_\_\_ Social Security # \_\_\_\_\_  
 Address/PO Box \_\_\_\_\_ Apt # \_\_\_\_\_  
 City, State \_\_\_\_\_ Zip \_\_\_\_\_  
 TCC EMPLID # \_\_\_\_\_ (If not known, please create a Profile at TCC.augusoft.net)

**Highest Education level obtained:**

- |                    |                          |                           |                                |
|--------------------|--------------------------|---------------------------|--------------------------------|
| No High School/GED | High School Graduate/GED | Some College/Trade School | Associate/ Trade School Degree |
| Bachelor's Degree  | Master's Degree          | Doctoral Degree           |                                |

Please list any certifications or credentials currently held

## Program Information

Select the eligible Workforce Credential Grant Training Program in which you wish to enroll. Other programs may be added later.

Program Name	Certification Name or Certifying Organization
Education	Teacher Licensure
Medical Billing and Coding	Certified Billing & Coding Specialist (CBCS)
Advanced Medical Billing & Coding	Certified Professional Coder (CPC)
Clinical Medical Assistant	Certified Clinical Medical Assistant (CCMA)
CompTIA A+	CompTIA A+
CompTIA Network +	CompTIA Network +
CompTIA Security +	CompTIA Security +
Systems Security Certified Practitioner	SSCP
Certified Information Systems Security Professional	CISSP
Commercial Driver's License Program	Commercial Driver's License (CDL) Class B from Division of Motor Vehicles
Welding	American Welding Society (AWS)
Welding	Shielded Metal Arc Welding (SMAW)
Milling	Level 1 CNC Milling: Operations

Program Choice /First Class Start Date \_\_\_\_\_

## Eligibility

Please answer questions A-D to help us determine if **WCG Workforce Financial Assistance** is the appropriate funding source for you.

- Are you a veteran who is eligible for GI Bill funding?  Yes  No
- Are you currently employed?  Yes  No
- 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
- Are you or will you be receiving any other tuition assistance from other sources?  Yes  No

*If you answer YES to any of the above questions, we may need to first determine if you may be eligible for other funding options.*

**Are you a U. S. Citizen or eligible noncitizen?** *(Attach a copy of driver's license, valid passport, or birth certificate)*

**Are you domiciled in the Commonwealth of Virginia?** *(complete the domicile form that is part of this application)*

**Have you completed high school or GED requirements?**      **Yes**      **No**

**Photo Identification** *(Attach a copy of driver's license, valid passport or state-issued ID card)*

**Are you currently compliant with the Selective Service Act requirements?** Yes      No      N/A (female)  
**Are you currently enrolled in an Associate or Bachelor's degree program?** Yes (please explain below)      No

**Financial Need Verification** *(Items from Option 1 or Option 2 will be used to verify financial need based on household income)*

**OPTION 1: SNAP or TANF Eligibility**

Attach a copy of current/active SNAP (Supplemental Nutrition Assistance Program) Card with your name	Current/Active TANF (Temporary Assistance for Needy Families) Card	Documentation verifying current eligibility for either SNAP or TANF
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**OPTION 2: Household Income**

Is anyone claiming you as a dependent on their tax return?       Yes\*       No

*\* If you answer yes, you must submit a Tax Transcript from the tax return on which you are claimed as a dependent.*

**IRS Tax Return Transcript** *(check one)*

- 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.

*Visit the IRS website to obtain a copy of the Tax Transcript (allow 10 business days to arrive in mail)*

**■** *For review purposes, you may submit your latest tax return but a copy of the official tax transcript should be sent when it arrives.*

Based on the (1) Household Adjusted Gross Income on your IRS Tax Transcript and (2) the number of persons in your household (Exemptions), we will use the following table to determine your financial eligibility. Your AGI must be below:

<b>2017 POVERTY GUIDELINES FOR THE 48 CONTIGUOUS STATES AND THE DISTRICT OF COLUMBIA</b>		
<b>Persons in Family/Household</b>	<b>Poverty Guideline</b>	<b>300 Percent of Poverty (Poverty Guideline x 3)</b>
For families/households with more than 6 persons, see federal chart and multiply by 200%.		
1	\$12,060	\$36,180
2	16,240	48,720
3	20,420	61,260
4	24,600	73,800
5	28,780	86,340
6	32,960	98,880

## Applicant Memorandum of Understanding (MOU)

Request specific form for Program you have selected by contacting [abaker@tcc.edu](mailto:abaker@tcc.edu)

**SAMPLE ONLY - Do NOT sign this blank MOU.**

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

1. I have accurately and truthfully completed this application for Workforce Financial Assistance (FANTIC) 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. 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 to me (the applicant) is an **expectation for accepting these funds**;
3. I understand that, if approved for this funding, I will be responsible for paying 10% of the student portion of the cost of the program at time of registration as well as providing all required documentation. The remaining 90% will be covered by the WCG Workforce Financial Assistance. Any additional costs required for credential/license attainment not included in the cost of the program are **solely my expense**;
4. I understand that once I successfully obtain my industry credential/license it is my obligation to present validation documentation to the TCC Workforce Solutions Office or advise that I was unsuccessful at obtaining the related certification;
5. I understand my obligation to attend all scheduled classes as absences may compromise my success and ability to acquire the necessary information/training/preparation for certification. I will make the commitment necessary to successfully meet the requirements to complete the program requirement and will promptly seek the related credential;
6. I understand that as part of the Workforce Credential Grant expectation, if I fail to successfully complete the class, I will be responsible for an additional 1/3 of the total cost of my program;
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 Solutions 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 before, during, or after the class and to provide Workforce Solutions with a current/updated daytime phone number and email;
10. 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/licensure obtained or failure to obtain within 90 days of completing the Workforce Solutions program.**

**PROGRAM COST BREAKDOWN: This section to be completed by a Workforce representative prior to applicant's signature**

Program Name: \_\_\_\_\_

Total Program Cost: \_\_\_\_\_

1/3 Cost of Program: \_\_\_\_\_

Applicant's 10%: \_\_\_\_\_

Certification: \_\_\_\_\_

Included in program cost

Not included in program cost\*

\* Estimated additional cost for certification to applicant

**Estimated out of pocket expense to applicant**

I understand and fully agree to abide by the conditions of the MOU's contractual, financial and credential obligations as stated above in consideration for receiving TCC WCG Credential Grant and Workforce Financial Assistance:

**Applicant's Signature** \_\_\_\_\_ **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.

### 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: \_\_\_\_\_

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Signature	Name (please print)	Date
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Parent/Guardian Signature	Name (please print)	Date
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## For Official Review

Applicant Name: \_\_\_\_\_ Program: \_\_\_\_\_

EMPLID# \_\_\_\_\_ Application Submission Date: \_\_\_\_\_

Initial Notes: \_\_\_\_\_

Application Review

Reviewed by: \_\_\_\_\_

Approved: \_\_\_\_\_

### Documentation

- U.S. Citizen: Photo ID (Driver's License, state-issued ID card, birth certificate)
- Virginia Resident: Residency should be established by WCG standard domicile eligibility criteria
- Completed High School or GED requirements
- Compliant with Selective Service Act requirements
- Not in Associate or Bachelor's Degree Program or in program that is complimentary to degree and awards credential
- Financial Need Documentation
  - Tax Transcript
  - SNAP Card
  - TANF Card
  - Letter of Appeal\*
    - \*Documentation to support Letter of Appeal Submitted (if needed)
- MOU
  - Cost Breakdown Section is complete prior to signature
  - Applicant has signed and dated
- Release Form

### Approval Disposition

- Application is complete with all necessary boxes checked and information provided
- Approved with standard documentation
- Approved with letter of appeal
- Declined
  - Reason:
- Applicant notified of decision: \_\_\_\_\_ Date: \_\_\_\_\_

### Registration

- Registered for Program/Class \_\_\_\_\_ Date: \_\_\_\_\_
- Application entered on Workforce Financial Assistance Spreadsheet \_\_\_\_\_ Date: \_\_\_\_\_

### Staff Information/ Notes:

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# 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.

- |  |   |
|--|---|
| <p><input type="checkbox"/> 1. Self: I am <u>age 24 or older</u> and want to claim eligibility based on my own domicile.</p> <p><input type="checkbox"/> 2. Self: I am <u>under age 24</u> and want to claim eligibility based on my own domicile for the following reason(s):</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> I am a veteran or active duty member of the U.S. Armed Forces.</li> <li><input type="checkbox"/> Both of my parents are deceased and I have no adoptive or legal guardian.</li> <li><input type="checkbox"/> I have legal dependents other than my spouse.</li> <li><input type="checkbox"/> I am financially self-sufficient.</li> <li><input type="checkbox"/> I am a ward of the court or was a ward of the court until age 18.</li> <li><input type="checkbox"/> I have a bachelor's degree and I am working on a graduate degree.</li> <li><input type="checkbox"/> I am married.</li> </ul> | <p><input type="checkbox"/> 3. Spouse: I am <u>age 24 or older</u> and want to claim eligibility for in-state tuition based on my spouse's domicile.</p> <p><input type="checkbox"/> 4. Spouse: I am <u>under age 24</u> and I want to claim eligibility for in-state tuition based on my spouse's domicile.</p> <p><input type="checkbox"/> 5. Parent: I am <u>under age 24</u> and my parents provide more than half of my financial support and/or claim me as a dependent for tax purposes.</p> <p><input type="checkbox"/> 6. Legal Guardian: I am <u>under age 24</u> and my court-appointed legal guardian provides more than half of my financial support and/or claims me as a dependent for tax purposes.</p> |
|--|---|

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

A. Applicant's Information	B. Parent, Legal Guardian, or Spouse's Information
<p>5. Are you retired from the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No  Were you discharged from the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No  If "Yes," date of discharge/retirement? _____  mm/dd/yyyy  Tax State on LES prior to discharge/retirement: _____  Tax State</p>	<p>5. Is the above person retired from the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No  Is the above person discharged from the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No  If "Yes," date of discharge/retirement? _____  mm/dd/yyyy  Tax State on LES prior to discharge/retirement: _____  Tax State</p>
<p>6. Are you the dependent of someone retired from the U.S. Armed Forces?  <input type="checkbox"/> Yes <input type="checkbox"/> No  Are you the dependent of someone discharged from the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No  If "Yes," date of discharge/retirement? _____  mm/dd/yyyy  Tax State on LES prior to discharge/retirement: _____  Tax State</p>	<p>6. Is the above person a dependent of someone retired from the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No  Is the above person a dependent of someone discharged from the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No  If "Yes," date of discharge/retirement? _____  mm/dd/yyyy  Tax State on LES prior to discharge/retirement: _____  Tax State</p>
<p>7. Have you lived in Virginia for the last 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> 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</p>	<p>7. Has the above person lived in Virginia for the last 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> 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</p>
<p>8. For the last 12 months, which of the following applies to you:  <input type="checkbox"/> paid Virginia income taxes on all earned income  <input type="checkbox"/> filed as a resident in another state (list state) _____  <input type="checkbox"/> filed as a resident in Virginia and as a non-resident in another state (list state) _____  <input type="checkbox"/> was a resident in a state without income tax (list state) _____  <input type="checkbox"/> had no taxable income</p>	<p>8. For the last 12 months, which of the following applies to the above person:  <input type="checkbox"/> paid Virginia income taxes on all earned income  <input type="checkbox"/> filed as a resident in another state (list state) _____  <input type="checkbox"/> filed as a resident in Virginia and as a non-resident in another state (list state) _____  <input type="checkbox"/> was a resident in a state without income tax (list state) _____  <input type="checkbox"/> had no taxable income</p>
<p>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? <input type="checkbox"/> Yes <input type="checkbox"/> No  If "Yes," list state _____</p>	<p>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? <input type="checkbox"/> Yes <input type="checkbox"/> No  If "Yes," list state _____</p>
<p>10. For the past 12 months, have you:  held a Virginia Driver's license or Virginia DMV ID? <input type="checkbox"/> Yes <input type="checkbox"/> No  If "No," has the applicant held a Driver's license or DMV ID to any other state? <input type="checkbox"/> Yes (List state) _____ <input type="checkbox"/> No  owned or operated a motor vehicle registered in Virginia? <input type="checkbox"/> Yes <input type="checkbox"/> No  If "No," has the applicant owned or operated a motor vehicle registered in any other state? <input type="checkbox"/> Yes (List state) _____ <input type="checkbox"/> No  been registered to vote in Virginia? <input type="checkbox"/> Yes <input type="checkbox"/> No  If "No," has the applicant been registered to vote in another state?  <input type="checkbox"/> Yes (List state) _____ <input type="checkbox"/> No</p>	<p>10. For the past 12 months, has the above person:  held a Virginia Driver's license or Virginia DMV ID? <input type="checkbox"/> Yes <input type="checkbox"/> No  If "No," has the applicant held a Driver's license or DMV ID to any other state? <input type="checkbox"/> Yes (List state) _____ <input type="checkbox"/> No  owned or operated a motor vehicle registered in Virginia? <input type="checkbox"/> Yes <input type="checkbox"/> No  If "No," has the applicant owned or operated a motor vehicle registered in any other state? <input type="checkbox"/> Yes (List state) _____ <input type="checkbox"/> No  been registered to vote in Virginia? <input type="checkbox"/> Yes <input type="checkbox"/> No  If "No," has the applicant been registered to vote in another state?  <input type="checkbox"/> Yes (List state) _____ <input type="checkbox"/> No</p>

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