



## 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, they 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) 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. 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**

For verification, bring a photo ID such as a driver's license or a state issued ID card.

**2. Be a resident of the Commonwealth of Virginia for a minimum of 1 year**

For verification, bring one of the following with applicant's pre-printed name and address: Utility Bill; Rent Receipt; Housing Contract; Preprinted Bank Statement; or Voter Card

**3. Be 18 years of age (if applicant has completed secondary school) or 19 years old otherwise**

For verification, bring one of the following: Driver's License; State Issued Birth Certificate; State Issued ID, or Passport.

**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. Enroll in a preapproved TCC/WSCE credential program**

**7. Be ineligible\* for other forms of tuition funding** including employer assistance plans or other 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.)

**8. Demonstrate financial need based on household income by:**

- Providing proof (by providing a current/active SNAP or TANF card 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
- Demonstrating that the student or the dependent student's parent(s) has a household adjusted gross income that is either less than 200% or 300% of the Federal Poverty Guidelines depending on the student's physical home address. This qualification will be determined by the Workforce Solutions staff based on a Tax Transcript\* provided by applicant.

\* For verification, you must bring in your IRS Tax Transcript. The applicant must apply to the IRS to get a Tax Return Transcript, which must accompany the application if they are solely using income to determine their financial eligibility. This process can take up to 10 business days so plan accordingly.

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. While you can also submit electronically, some documents require signatures before the process can move forward.

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 they must adhere to the Workforce Solutions Cancellation policy, which requires a minimum of three days' notice prior to the start of the class to receive 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 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.



# WCG Workforce Financial Assistance ( FANTIC)

## Application/ Checklist

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

### Applicant Information

**Applicant Name** \_\_\_\_\_ **Email** \_\_\_\_\_  
**Address/PO Box** \_\_\_\_\_ **Apt #** \_\_\_\_\_  
**City, State** \_\_\_\_\_ **Zip** \_\_\_\_\_  
**Date of Birth** \_\_\_\_\_ **Social Security #** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Highest Education Attained**

- Some High School   
  High School Graduate/GED   
  Associate/ Trade School Degree   
  Some College/Trade School  
 Bachelor's Degree   
  Master's Degree   
  Ph.D or Ed.D

**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
<input type="checkbox"/> Medical Billing and Coding	Certified Billing and Coding Specialist (CBCS) from National Healthcareer Association
<input type="checkbox"/> Certified Professional Coder Exam Prep	Certified Professional Coder (CPC) from AAPC
<input type="checkbox"/> Certified Clinical Medical Assistant Program	Clinical Medical Assistant (CMA) from National Healthcareer Association
<input type="checkbox"/> CompTIA A+	A + from CompTIA
<input type="checkbox"/> CompTIA Security+	Security+ from CompTIA
<input type="checkbox"/> CompTIA Network+	Network+ from CompTIA
<input type="checkbox"/> Systems Security Certified Practitioner (SSCP)	Systems Security Certified Practitioner (SSCP) from (ICS)2
<input type="checkbox"/> Commercial Driver's License Program	Commercial Driver's License (CDL) from Division of Motor Vehicles
<input type="checkbox"/> Certified Information Security Professional (CISSP)	Certified Information Systems Security Professional (CISSP) from (ICS)2
<input type="checkbox"/> CNC Operator	Computer Numerical Control (CNC) Operator from National Institute for Metalworking Skills
<input type="checkbox"/> Welding	Certified Welder (CW) from American Welding Society

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

**Are you currently enrolled in an Associate or Bachelor's degree program?**  Yes (please explain below)     No

## 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 currently compliant with the Selective Service Act requirements?**  Yes  No  N/A (female)

Please provide originals/copies of following eligibility documents. They are required to pre-qualify for WCG Workforce Financial Assistance.

**Photo Identification** (e.g. Driver's license, valid passport)

**Proof of Virginia Residency** (one of the following must have the applicant's name and address preprinted on the document)

- Utility Bill  Housing Contract  Voter Registration Card  Rent Receipt  Bank Statement

**Age Verification**

- Birth Certificate  State Issued ID  Driver's License  Passport

**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**

- Current/Active SNAP (Supplemental Nutrition Assistance Program) Card  Current/Active TANF (Temporary Assistance for Needy Families) Card  Documentation verifying current eligibility for either SNAP or TANF

**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)*

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:

Number of Persons in Family/Household	Poverty Guideline	300% Level
1	\$11,770	\$35,310
2	\$15,930	\$47,490
3	\$20,090	\$60,270
4	\$24,250	\$72,750
5	\$28,410	\$85,230
6	\$32,570	\$97,710
7	\$36,370	\$110,190
8	\$40,890	\$122,670
<i>Families/households with more than 8 persons: add \$5,200 for each additional person.</i>		

## 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 **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. 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 3 business days past the start date of the class. If the Tax Transcript is not received by that time, student will be involuntarily withdrawn from 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 to me (the applicant) 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 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**;
5. 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;
6. 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;
7. 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;
8. I understand there are no job guarantees expressed or implied and the responsibility for finding employment is solely my own;
9. I understand Workforce Solutions may share my information with other supporting agencies;
10. 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;
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/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:** \_\_\_\_\_

## Additional Applicant Information for Clarification (if needed)

## For Official Review

**Initial Application Submission Date:** \_\_\_\_\_  Complete  Incomplete (Note below)

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

**Application Review** Reviewed by: \_\_\_\_\_

### Documentation

Application is complete with all necessary boxes checked and information provided

Verify that all documentation (copies) and answers indicated in application meet FANTIC Requirements

U.S. Citizen: Photo ID (Driver's License, state issued ID card, etc.)

Virginia Resident: Residency should be established by WCG standard domicile eligibility criteria

18 Years of Age: Driver's License, Birth Certificate, Passport

Selective Service Verification:  Compliant  Noncompliance / Print out Verification Letter and put with application

Not in Associate or Bachelor's Degree Program  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)

Cost Breakdown Section is complete prior to signature

Applicant has signed and dated

Application entered on Workforce Financial Assistance Spreadsheet

### Approval Disposition

Application is complete with all necessary boxes checked and information provided

Tentatively Approved Date: \_\_\_\_\_ Subject to: \_\_\_\_\_

Approved with standard documentation

Approved with letter of appeal

Declined

Reason:

Date applicant notified of decision:

### Registration

Registered for Program/Class Date: \_\_\_\_\_

### Staff Information/ Notes

## PROMISSORY / DOMICILE NOTE FOR 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:

### FINANCIAL OBLIGATIONS:

#### 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. In addition, 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.



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 release form on my behalf.
4. By reading and responding to the following questions, I will agree to the above terms and conditions of this promissory note. 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.

Please respond with either your *initials* or the *YES or NO* response as indicated:

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

\_\_\_\_\_

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

\_\_\_\_\_

- Have you lived in Virginia continuously for the last twelve months? **YES/NO**
- For the last twelve months, have you held a Virginia driver's license or Virginia DMV ID? **YES/NO**
- Did you move to Virginia from another state for the purpose of attending school? **YES/NO**
- For the last twelve months, have you filed a Virginia tax return? **YES/NO**
- For the last twelve months, have you owned or operated a motor vehicle registered in Virginia? **YES/NO**
- For the last twelve months, have you been registered to vote in Virginia? **YES/NO**

Signature

Name (please print)

Date