

Financial Aid Application

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** - for non-U.S. citizens, please provide visa or other proof of status for review

- | | |
|---|---|
| <input type="checkbox"/> U.S. Citizen | <input type="checkbox"/> Temporary Visa: Please specify _____ |
| <input type="checkbox"/> Permanent Resident | <input type="checkbox"/> Other: Please specify _____ |
| <input type="checkbox"/> Political Asylum/Refugee | |

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"/> Birth Certificate | <input type="checkbox"/> State-Issued ID |
| <input type="checkbox"/> Passport | <input type="checkbox"/> High School Transcript | <input type="checkbox"/> High School Diploma |

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

I am in compliance with the Selective Service Act requirements. Yes No

4. **Education Level** – Please indicate your highest education level:

- | | | |
|---|--|--|
| <input type="checkbox"/> No High School Diploma/GED | <input type="checkbox"/> Some college, no degree | <input type="checkbox"/> Master's degree |
| <input type="checkbox"/> GED | <input type="checkbox"/> Associate's degree | <input type="checkbox"/> Doctoral degree |
| <input type="checkbox"/> High School graduate | <input type="checkbox"/> Bachelor's degree | |

5. **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.

6. **Do you currently hold a credential(s)?** Yes No

If yes, what credential(s) do you currently hold? _____

7. **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) Virginia Initiative for Employment Not Welfare (VIEW)
- Department of Aging & Rehabilitative Services Federal or State Financial Aid
- Other _____

8. **Are you eligible for SNAP (Supplemental Nutrition Assistance Program) or TANF (Temporary Assistance for Needy Families)?** Yes No

If Yes:

Please provide your current benefits/award letter showing approval for either SNAP or TANF

9. **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 verifying household income. Yes No

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 non-citizen status
- Attached documentation of age or high school completion
- If applicable, attached documentation of SNAP or TANF
- Attached a copy of your most recent Tax Return Transcript

By signing this form, I agree to provide a copy of the credential awarded upon the completion of all required coursework and/or certification test. 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 Aid 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. If you are not a U.S. citizen, you must provide one of the following items to document your eligibility status:

- 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

If required to provide documentation, please bring original to the Continuing Education Office so that they make a copy for their records.

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
- Passport
- Birth certificate
- High school transcript or diploma

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

5. 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 during the course of your continuing education course. Check "yes" if you are or will be enrolled in an Associate or Bachelor's degree program during your continuing education course. **If yes**, please provide documentation from your school or program coordinator indicating that the training relates to the degree program and is necessary to meet a job requirement or advance employee success.

7. 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 other method of tuition assistance.

8. SNAP and TANF: If you are eligible for either SNAP (Supplemental Nutrition Assistance Program) or TANF (Temporary Assistance for Needy Families), please check "yes" and indicate the program or programs you are eligible for. Attach documentation of eligibility and check the box indicating you have done so.

9. 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 Admissions and Outreach if you have had a dramatic change in income not reflected in your tax return.