

Patrick & Henry Community College
Workforce, Economic, and Community Development

Career Credit Financial Assistance Application

Financial assistance can cover up to 100% of tuition for students pursuing workforce credentials. Qualifying students can also access supportive services. To apply for these opportunities, please answer all questions on the following pages thoroughly and accurately. Only fully completed applications, including all required documentation listed on page 4, will be reviewed. Applicants must meet college admission requirements and funding program eligibility criteria. Based on your provided information, the most suitable funding program(s) will be selected for you.

HOW TO APPLY?

1. Complete the attached application in its entirety.
 - For applicants under 18 years of age, a parent or legal guardian must complete this application on your behalf and accompany you to the advising session.
2. Attach all required documentation, as noted on page 4 (application and documents may be emailed to <https://phcc.dropsecure.com/send/workforce> or submitted during your advising session).
3. Email fastforward@patrickhenry.edu or call 276.656.0260 to schedule an appointment with your career coach for program advising and enrollment.

FUNDING PROGRAMS

- **FastForward Workforce Credential Grant (WCG)** provides an opportunity for any Virginian to prepare for high-demand careers and earn an industry-recognized credential. WCG pays 2/3 the cost of tuition: applicant pays 1/3 of tuition upon enrollment; Commonwealth of Virginia pays 1/3 upon successful completion of the program; and Commonwealth of Virginia pays final 1/3 upon credential attainment. The applicant must agree to pay 1/3 of tuition if does not successfully complete the program.
- **Get Skilled, Get a Job, Get Ahead (G3)** initiative provides need-based tuition assistance for eligible applicants and funds the student's entire first third of tuition for select FastForward programs.
- **Financial Aid for Noncredit Training leading to Industry Credential (FANTIC)** provides need-based tuition assistance for eligible students and funds the student's entire first third of tuition for select FastForward programs leading to the attainment of an industry-recognized credential or licensure.

Patrick & Henry Community College does not discriminate on the basis of race, color, national origin, sex, or disability in its programs and activities. The following person has been designated to handle inquiries regarding the non-discrimination policy: Affirmative Action Coordinator, Francis T. West Hall, room 148, (276) 656-0214. This includes access to electronic information and services.



Career Credit Financial Assistance Application
Patrick & Henry Community College
Workforce, Economic & Community Development
645 Patriot Avenue, Martinsville, VA 24112
Phone (276) 656-0260 | Fax (276) 632-1963



PERSONAL INFORMATION

Full Legal Name: _____ DOB: _____

Address: _____
Street Address *Apartment/Unit #*

City *State* *ZIP Code*

Phone: _____ Email: _____

ACADEMIC INFORMATION

1. Highest Level of Education: ☐ No High School Diploma/GED ☐ High School Diploma ☐ GED
☐ Some college, no degree ☐ Associate's Degree ☐ Bachelor's Degree ☐ Master's Degree or Above
2. Are you currently enrolled in an Associate or Bachelor's degree program? ☐ Yes ☐ No
4. Are you on Academic Suspension at any Virginia Community College?
*If yes, Mitigating Circumstances form must be completed and attached. ☐ Yes ☐ No
6. Do you plan to continue your education beyond this training program? ☐ Yes ☐ No

PREQUALIFYING INFORMATION

1. Are you a U.S. citizen or eligible noncitizen? If "NO", provide proof of current legal status. ☐ Yes ☐ No
2. Have you been a resident of Virginia for the previous twelve months? ☐ Yes ☐ No
3. Are you currently employed? ☐ Yes ☐ No
4. Has your financial situation changed within the last year? ☐ Yes ☐ No
5. If male, are you in compliance with the Military Selective Service Act? ☐ Yes ☐ No
6. Are you a veteran who is eligible for GI Bill funding? ☐ Yes ☐ No
7. Are you (or your spouse, parent, or guardian) a client of the Virginia Workforce Center? ☐ Yes ☐ No
8. Is anyone claiming you as a dependent on their tax return? ☐ Yes ☐ No
9. Are you receiving any other non-state funding to support program tuition? If so, explain: ☐ Yes ☐ No

PERSONAL ESSAY

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

REQUIRED DOCUMENTATION

1. Age Verification (Copy of ONE of the following must be attached):

☐ State-Issued Driver's License or ID ☐ Birth Certificate ☐ Passport

2. Domicile Verification (Copy of ONE of the following must be attached as proof of Virginia residency):

Document must show preprinted CURRENT address. ☐ State-Issued Driver's License or ID ☐ Voter Card

☐ Utility/Phone Bill ☐ Rent Receipt/Housing Contract ☐ Vehicle Registration ☐ Bank Statement

3. Income Verification (Copy of ONE of the following must be attached as proof of financial need):

☐ Student's, or dependent student's parent's or guardian's, active SNAP or TANF card and Virginia Department of Social Services Eligibility Determination letter.

☐ Disability or Social Security Eligibility Determination letter.

☐ Student's, or dependent student's parent's or guardian's, previous year IRS Tax Transcript (obtained from www.irs.gov/individuals/get-transcript).

☐ Only if taxes not filed, satisfactory proof of prior year income may include one of the following:

- W2 Form
- Wage Stub (year-end)
- Bank Deposit Statements for one year

HOUSEHOLD INCOME

Federal Poverty Guidelines 2025

To Be Completed by a Staff Member

# Persons in Your Household	Poverty Guideline	FANTIC 2x Poverty Guideline	FANTIC 3x Poverty Guideline	G3 4x Poverty Guideline
1	\$15,650	<input type="checkbox"/> ≤ \$31,300	<input type="checkbox"/> ≤ \$46,950	<input type="checkbox"/> ≤ \$62,600
2	\$21,150	<input type="checkbox"/> ≤ \$42,300	<input type="checkbox"/> ≤ \$63,450	<input type="checkbox"/> ≤ \$84,600
3	\$26,650	<input type="checkbox"/> ≤ \$53,300	<input type="checkbox"/> ≤ \$79,950	<input type="checkbox"/> ≤ \$106,600
4	\$32,150	<input type="checkbox"/> ≤ \$64,300	<input type="checkbox"/> ≤ \$96,450	<input type="checkbox"/> ≤ \$128,600
5	\$37,650	<input type="checkbox"/> ≤ \$75,300	<input type="checkbox"/> ≤ \$112,950	<input type="checkbox"/> ≤ \$150,600
6	\$43,150	<input type="checkbox"/> ≤ \$86,300	<input type="checkbox"/> ≤ \$129,450	<input type="checkbox"/> ≤ \$172,600
7	\$48,650	<input type="checkbox"/> ≤ \$97,300	<input type="checkbox"/> ≤ \$145,950	<input type="checkbox"/> ≤ \$194,600
8	\$54,150	<input type="checkbox"/> ≤ \$108,300	<input type="checkbox"/> ≤ \$162,450	<input type="checkbox"/> ≤ \$216,600
Other: _____	Multiply by \$5,500: _____	Multiply by \$11,000: _____	Multiply by \$16,500: _____	Multiply by \$22,000: _____

WORKFORCE TRAINING PROGRAMS (SELECT ONE)	G3	FANTIC	VA Ready
<input type="checkbox"/> Automation and Robotics (Festo Industry 4.0 Certification Program and Siemens Mechatronic Systems Certification Program)	✓	✓	
<input type="checkbox"/> Carpentry <input type="checkbox"/> Level 1 <input type="checkbox"/> Level 2 <input type="checkbox"/> Level 3 <input type="checkbox"/> Level 4	✓	✓	
<input type="checkbox"/> Certified Billing and Coding Specialist (CBCS)	✓	✓	
<input type="checkbox"/> Certified Clinical Medical Assistant (CCMA)	✓	✓	✓
<input type="checkbox"/> Certified Nurse Aide (CNA)	✓	✓	✓
<input type="checkbox"/> Certified Phlebotomy Technician (CPT)	✓	✓	
<input type="checkbox"/> Commercial Driver's License Class A or B Endorsement (CDL)		✓	
<input type="checkbox"/> Core–Introductory Craft Skills (Prerequisite for any Level One craft certificate)	✓	✓	
<input type="checkbox"/> Heavy Equipment Operator <input type="checkbox"/> Level 1 <input type="checkbox"/> Level 2 <input type="checkbox"/> Level 3 <input type="checkbox"/> Level 4	✓	✓	✓
<input type="checkbox"/> HVAC <input type="checkbox"/> Level 1 <input type="checkbox"/> Level 2 <input type="checkbox"/> Level 3 <input type="checkbox"/> Level 4	✓	✓	✓
<input type="checkbox"/> Machining Level 1	✓	✓	
<input type="checkbox"/> Plumbing <input type="checkbox"/> Level 1 <input type="checkbox"/> Level 2 <input type="checkbox"/> Level 3 <input type="checkbox"/> Level 4	✓	✓	✓
<input type="checkbox"/> Power Line Worker Program – (Power Line Fundamentals, Power Line Worker, and Power Line CDL Class A Endorsement)	✓	✓	✓
<input type="checkbox"/> Other:			

STUDENT SUPPORT / DISABILITY STATEMENT

If you have a disability or other need for reasonable accommodation in order to successfully complete the requirements of this program, please contact the P&HCC 504/ADA Coordinator, located in the Learning Resource Center #109D, by phone at 276-656-0257 or 800-232-7997 ext. 0257, or email at disabilityresources@patrickhenry.edu, prior to enrollment to discuss this matter confidentially.

OUR COMMUNICATION METHOD

Our primary method to provide important information to you will be via the email address you provide to us in this document. You are welcome to call at any time and we will also contact you via the phone number you provide in this document, as necessary. It is your responsibility once you submit an application to monitor all emails, including spam or junk folders, and voicemails and respond promptly. If your address, email, or phone number changes, it is your responsibility to contact us to update your information.

**PATRICK & HENRY COMMUNITY COLLEGE
NONCREDIT FINANCIAL ASSISTANCE APPLICATION CERTIFICATION**

I, _____ (name printed), certify the information contained in this noncredit financial assistance application is accurate and complete to the best of my knowledge.

- I understand requests for financial assistance are reviewed on a first come, first serve basis, and priority is given to applicants residing within the college's service region and those demonstrating the greatest financial need;
- I understand funding program criteria and the selection process can change without notice;
- I understand funding is conditional and subject to availability of funds;
- I understand my college transcripts will be reviewed in consideration of this application;
- I understand my student information contained in the VCCS Student Information System must be current and up-to-date as of the date of this application, and a completed college change form as well as a copy of my social security card, per college policy, may be required to update this information;
- I understand the college may share my information with other supporting agencies;
- I understand if I owe a debt to any Virginia Community College, there may be a hold on my account restricting enrollment (*contact the business office at 276.656.0210 if unsure of the status of your account*);
- I understand there are no job guarantees expressed or implied by the college, the funding programs, or this certification;
- I understand I must notify the Workforce, Economic, and Community Development office at P&HCC in a timely manner if I need to withdraw my application or enrollment from this program.
- I understand if I choose to stop attending classes or do not complete the course with a "Satisfactory" grade, I will be held liable for one-third of tuition.
- I understand my notice to withdraw my enrollment from this program must be received at least two (2) business days' prior to the start date of the class to avoid any financial obligation.

As a recipient of financial assistance, I further agree to the following conditions:

- To provide current contact information and to respond promptly to requests for information before, during, and after the program, related to my participation, certification, and/or credential attainment;
- To make the commitment necessary to meet the requirements to successfully complete the program and promptly seek the associated credential;
- To attend ALL scheduled classes as absences may compromise my success and ability to acquire the necessary training/preparation for industry certification;
- To notify my program advisor of my progress throughout the program, any difficulties or barriers experienced in completing the program, as well as my employment status following program completion;
- To obtain the industry credential associated with my program within 90 days of completion, at my own expense if necessary, and provide a copy of my workforce credential to the College;

I understand and fully agree to abide by the conditions of this Certification, as stated above. Additionally, by signing below I grant permission to P&HCC and any scholarship donor to use my photograph, likeness, and name in any marketing or public relations material announcing my award.

Applicant Signature: _____ **Date:** _____

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.

- ☐ 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.

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%;"> First Middle (Full) Last </div> Date of birth: _____ <div style="display: flex; justify-content: space-between; width: 100%;"> (mm) (dd) (yy) </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>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;">mm/dd/yyyy</div> Official Duty Station: _____ <div style="text-align: center;">State</div> Reporting Date: _____ Duration of Orders: _____ <div style="display: flex; justify-content: space-between; width: 100%;"> mm/dd/yyyy mm/dd/yyyy </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;">mm/dd/yyyy</div> Official Duty Station: _____ <div style="text-align: center;">State</div> Reporting Date: _____ Duration of Orders: _____ <div style="display: flex; justify-content: space-between; width: 100%;"> mm/dd/yyyy mm/dd/yyyy </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%;"> First Middle (Full) Last </div> </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. 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;">mm/dd/yyyy</div> Official Duty Station: _____ <div style="text-align: center;">State</div> Reporting Date: _____ Duration of Orders: _____ <div style="display: flex; justify-content: space-between; width: 100%;"> mm/dd/yyyy mm/dd/yyyy </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;">mm/dd/yyyy</div> Official Duty Station: _____ <div style="text-align: center;">State</div> Reporting Date: _____ Duration of Orders: _____ <div style="display: flex; justify-content: space-between; width: 100%;"> mm/dd/yyyy mm/dd/yyyy </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</p> <p>Were you discharged from the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "Yes," date of discharge/retirement? _____ mm/dd/yyyy</p> <p>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</p> <p>Is the above person discharged from the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "Yes," date of discharge/retirement? _____ mm/dd/yyyy</p> <p>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</p> <p>Are you the dependent of someone discharged from the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "Yes," date of discharge/retirement? _____ mm/dd/yyyy</p> <p>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</p> <p>Is the above person a dependent of someone discharged from the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "Yes," date of discharge/retirement? _____ mm/dd/yyyy</p> <p>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</p> <p>If "No," list address(es) for the last 24 months</p> <p>From Date _____ To Date _____</p> <p>Address _____ City State Country</p> <p>From Date _____ To Date _____</p> <p>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</p> <p>If "No," list address(es) for the last 24 months</p> <p>From Date _____ To Date _____</p> <p>Address _____ City State Country</p> <p>From Date _____ To Date _____</p> <p>Address _____ City State Country</p>
<p>8. For the last 12 months, which of the following applies to you:</p> <p><input type="checkbox"/> paid Virginia income taxes on all earned income</p> <p><input type="checkbox"/> filed as a resident in another state (list state) _____</p> <p><input type="checkbox"/> filed as a resident in Virginia and as a non-resident in another state (list state) _____</p> <p><input type="checkbox"/> was a resident in a state without income tax (list state) _____</p> <p><input type="checkbox"/> had no taxable income</p>	<p>8. For the last 12 months, which of the following applies to the above person:</p> <p><input type="checkbox"/> paid Virginia income taxes on all earned income</p> <p><input type="checkbox"/> filed as a resident in another state (list state) _____</p> <p><input type="checkbox"/> filed as a resident in Virginia and as a non-resident in another state (list state) _____</p> <p><input type="checkbox"/> was a resident in a state without income tax (list state) _____</p> <p><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</p> <p>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</p> <p>If "Yes," list state _____</p>
<p>10. For the past 12 months, have you:</p> <p>held a Virginia Driver's license or Virginia DMV ID? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>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</p> <hr/> <p>owned or operated a motor vehicle registered in Virginia? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>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</p> <hr/> <p>been registered to vote in Virginia? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "No," has the applicant been registered to vote in another state?</p> <p><input type="checkbox"/> Yes (List state) _____ <input type="checkbox"/> No</p>	<p>10. For the past 12 months, has the above person:</p> <p>held a Virginia Driver's license or Virginia DMV ID? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>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</p> <hr/> <p>owned or operated a motor vehicle registered in Virginia? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>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</p> <hr/> <p>been registered to vote in Virginia? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "No," has the applicant been registered to vote in another state?</p> <p><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 _____



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. 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
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Parent/Guardian Signature	Name (please print)	Date
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CONSENT FOR RELEASE OF INFORMATION

Patrick & Henry Community College
Workforce, Economic, and Community Development
645 Patriot Avenue, Martinsville, VA 24112

Phone: (276) 656-0260 | Fax: (276) 632-1967 | Email: wecd@patrickhenry.edu

I, _____, voluntarily authorize P&HCC's Workforce, Economic & Community Development division to release my information to supporting agencies, funding agencies, internship hosts, and, if necessary, future employers. I also authorize these entities to release my information to P&HCC's Workforce, Economic & Community Development division. I understand this authorization includes any information deemed necessary to determine program eligibility, tuition funding, program progress, and/or internship placement.

Additionally, I authorize future employers to release information regarding my employment, including wages, attendance, performance, retention, promotion, and other relevant details to P&HCC's Workforce, Economic & Community Development division, supporting agencies, and funding agencies.

Student Signature

Date

Last 4 digits of SS#

Witness

Date

*Consent valid for 2 years from date of student signature.



**CAREER CREDIT APPLICATION FOR ADMISSION
AND COURSE REGISTRATION**

Patrick Henry Community College
Workforce, Economic & Community Development
645 Patriot Avenue, Martinsville, VA 24112
Phone: 276-656-0260 | Fax: 276-632-1967



Go to ph.augusoft.net to enter profile electronically.

Email to the following Secure Drop URL: <https://phcc.dropsecure.com/send/workforce>

Student's Full Legal Name: _____
First Middle Last Suffix

P&HCC Student ID, if known: _____ **Social Security Number:** _____

Former Name, if applicable: _____ **Preferred Name:** _____

Mailing Address: _____
Street Address or PO Box City State Zip

Current Residence (City/County): _____ ☐ City ☐ County

Primary Daytime Phone: () - _____ **Other Phone:** () - _____

Email Address: _____

Company, if employed: _____

Date of Birth: ____/____/____ (mm/dd/yyyy) **Gender:** ☐ Male ☐ Female

Ethnicity: Are you Hispanic / Latino/a? ☐ Yes ☐ No **What is your race? (Select any that apply below):**
☐ White ☐ Black / African American ☐ Asian ☐ American Indian / Alaska Native ☐ Native Hawaiian / Other Pacific Islander
☐ Hispanic or Latino/a ☐ Other ☐ Prefer not to answer

U.S. Citizenship Status:
☐ Native (U.S. citizen at birth) ☐ Naturalized (became citizen after birth) ☐ Alien Permanent ☐ Alien Temporary ☐ Not Indicated
If Alien Permanent, Status: ☐ Resident Alien ☐ Asylee ☐ Refugee Country of Citizenship? _____
If Alien Temporary, Visa Type: _____ Country of Citizenship? _____

U.S. Military Status: ☐ No Military Service ☐ Spouse ☐ Dependent ☐ Active Duty ☐ Active Reserve ☐ Inactive Reserve
☐ National Guard ☐ Retired ☐ Veteran ☐ Veteran (VA Ineligible) ☐ Vietnam-Era Veteran Date of Entry: _____

Course Title	Course Date/s	Cost

Applicant's Signature: _____ **Date:** _____
Parent / Legal Guardian's Signature, if under 18 years of age

Patrick Henry Community College does not discriminate on the basis of race, color, national origin, sex, or disability in its programs and activities. The following person has been designated to handle inquiries regarding the non-discrimination policy: Affirmative Action Coordinator, Francis T. West Hall, room 148, (276) 656-0214.

OFFICE USE ONLY: Date Received _____ Date Entered _____ By _____