



Northern Virginia Community College

Workforce Financial Assistance

Overview...

What is FANTIC?

Workforce Financial Assistance (FANTIC) provides funding for students demonstrating the required 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. Applicants will be awarded on a first come first served basis. This financial assistance will pay for 80% of the student's cost for the program. Qualified students will be responsible for 20% of the full tuition amount at the time of registration. Required books and exams are not included with all programs and may be an additional cost. Funding for the FANTIC program is limited.

What is expected?

Those participating in FANTIC programs will be expected to regularly attend and participate in all classes. **Participants MUST attend at least 90% of all class meetings and complete any requirements set by the instructor to satisfactorily pass the course.**

How to Apply

- Complete the **Domicile Determination Form.**
- Complete the **FANTIC Application Form.**
- Gather required **supporting documents** as outlined in the application.
- Submit all documents *in person* to one of our NOVA Workforce offices (located at Annandale, Loudoun – Signal Hill, and Woodbridge). **Incomplete applications will not be accepted.**

Applications submitted with all supporting documentation should allow at least two weeks for processing/approving prior to class starting.

Applications will be reviewed by NOVA Workforce staff to determine if all qualifications have been met for the program. If qualifications have been met, a NOVA Workforce staff member will contact the applicant and help them through the registration process. As part of the application process, the applicant will also sign a Memorandum of Understanding (MOU). The MOU outlines the expectations and cost of the program. It is a vital part of the application packet as it acknowledges the applicant's obligations and responsibilities for obtaining these funds.

NOVA Workforce Class Cancellation Policy

In the event, an applicant wishes to drop a class they must adhere to the NOVA Workforce Cancellation policy which requires a minimum of four calendar days' notice prior to the start of the class to receive a refund.

In the event NOVA Workforce has to cancel a class due to insufficient enrollment or other 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 NOVA Workforce.

What are the qualifications?

To participate in the program, the applicant shall:

1. Be a **US citizen** or eligible noncitizen. Permanent Residents must **provide a copy of the Permanent Resident card** showing the A-number.
2. Be a **resident of the Commonwealth of Virginia** for a minimum of one year.
3. Be **eighteen years of age** if the applicant has completed secondary school or nineteen years old otherwise.
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 job requirement or advance employment success.
6. **Enroll in a preapproved NOVA Workforce Development credential program.**
7. Be **ineligible*** for other forms of tuition funding including employer assistance plans or other tuition assistance programs from WIOA, SNAPET, TANF, VIEW, or any other state or federal programs; and,

*May be asked to provide documentation of denial for other assistance programs.

8. Demonstrate **financial need** based on household income by:
 - a. Providing proof 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 depending on the student's physical home address. This qualification will be determined by NOVA Workforce staff based on a Tax Transcript* provided by the applicant.

For verification, bring in either a current/active SNAP or TANF benefit letter.

For verification, you must bring in your IRS Tax Transcript

Applicant must apply to the IRS to get a Tax Return Transcript that 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.

Go to IRS website: <https://www.irs.gov/individuals/get-transcript>

Contact Information and Questions

For more information on Workforce Financial Assistance, please contact NOVA Workforce at 703.503.6300 or email questions to NOVAWorkforceAnswers@nvcc.edu. For office locations and hours visit <https://nvcc.augusoft.net/index.cfm?fuseaction=1003>.



FANTIC Application Form

TODAY'S DATE: _____

Please read and complete the application form in its entirety and return it to one of the three NOVA Workforce full-service offices at least two (2) weeks prior to the course start date. We will contact you regarding your eligibility for the FANTIC program. Funding is limited.

PERSONAL INFORMATION:

All information fields must be completed to fully evaluate application:

APPLICANT NAME: First _____ Middle Initial _____ Last: _____

STREET ADDRESS / PO BOX: _____ APT # _____

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

SOCIAL SECURITY NUMBER: _____ DATE OF BIRTH: _____

DAYTIME PHONE NUMBER: _____ EMAIL ADDRESS: _____

Please answer questions to help us determine if the **FANTIC Program** is the appropriate funding source for you.

- A. **Are you a veteran** who is eligible for GI Bill funding? Yes No
- B. Are you **currently unemployed**? Yes No
If you answered yes, are you eligible or receiving unemployment benefits? Yes No
- C. If you are employed, **were you laid off in the last 20 months** and your current job is an interim or temporary position? Yes No
- D. Are you **receiving any other tuition assistance** from other sources? Yes No

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

1. Select the **Eligible Workforce Training Program** in which you wish to enroll: (Check one)

IT:

- CompTIA® A+ Certification (includes Software & Hardware)
- CompTIA® Security+ Certification
- CompTIA® Network+ Certification
- Certified Ethical Hacker (CEH)
- Certified Cisco Entry Network Technician (CCENT)
- Certified Cisco Network Associate (CCNA)

Healthcare:

- Certified Billing & Coding Specialist (CBCS)
- Nurse Aide Preparation (Certified Nurse Aide – CNA)
- Certified Clinical Medical Assistant (CCMA)
- Certified Pharmacy Technician

Program / Class Start Date: _____ **Location:** _____

- 2. Are you **currently enrolled in an Associate or Bachelor's degree program**
 Not currently enrolled Currently enrolled: *Explain at the bottom of page 2.*
- 3. If you are male, are you **currently in compliance with the Selective Service Act** requirements
 Yes No Female Applicant (SSA does not apply)

Please provide originals/copies of following **eligibility documents (4-6)** required for pre-qualification for **Workforce Financial Assistance**:

4. **Identification**: Official PhotoID such as driver’s license or passport.
5. **Proof of Virginia Residency**
(one of the following with the **applicant’s name and address preprinted on the document**)
- | | | |
|---------------------------------------|---|-------------------------------------|
| <input type="checkbox"/> Utility Bill | <input type="checkbox"/> Housing Contract | <input type="checkbox"/> Voter Card |
| <input type="checkbox"/> Rent Receipt | <input type="checkbox"/> Bank Statement | <input type="checkbox"/> _____ |
6. **Age Verification** (one of the following legal documents that show your birthdate)
- | | | |
|--|--|---|
| <input type="checkbox"/> Birth Certificate | <input type="checkbox"/> Birth Certificate | <input type="checkbox"/> Driver’s License |
| <input type="checkbox"/> Passport | <input type="checkbox"/> _____ | |

7. **Financial Need Verification** (Option 1 or 2 to verify financial need based on household income)

OPTION 1: SNAP or TANF eligibility

- | | |
|--|---|
| <input type="checkbox"/> Current/Active SNAP Card , or
Supplemental Nutrition Assistance Program | <input type="checkbox"/> Current/Active TANF Card
Temporary Assistance for Needy Families |
|--|---|
- Current Documentation stating eligibility for either SNAP or TANF

OPTION 2: Household Income

1. **Is anyone claiming applicant as a dependent on their tax return?** No Yes*

*If applicant answers yes, the Tax Transcript submitted must be from the tax return they are claimed on, not the applicant’s tax return.

2. **IRS Tax Return Transcript:**

To obtain your Tax Return Transcript go to IRS website (allow at least 10 business days to arrive in mail): <https://www.irs.gov/individuals/get-transcript>

I have attached a Tax Return Transcript from my most recent Tax Return.

3. **I do not live in the Northern Virginia Community College Service area**, which includes the areas of Alexandria, Arlington, Loudoun, Fairfax and Prince William.

* If you checked #3, please indicate the **Jurisdiction** where you reside: It must be a city or county in VA.

JURISDICTION: _____

Based on your (1) **ADJUSTED GROSS INCOME (HOUSEHOLD)** on your **IRS Tax Transcript**, (2) your locality and (3) 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 (Exemptions)	Alexandria, Arlington, Loudoun, Fairfax, Prince William cities/counties
1	\$36,180
2	\$48,730
3	\$61,260
4	\$73,800
5	\$86,340
6	\$98,880
7	\$111,420
8	\$123,960

Additional Applicant Information for Clarification (if needed):

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 **Workforce Financial Assistance (FANTIC)**:

1. I have accurately and truthfully completed this application for Workforce Financial Assistance 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 14 business days prior to the start of 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 the applicant is an **expectation** for accepting these funds;
4. I understand that, if approved for this funding, I will be responsible for paying 20% of the cost of the program at the time of registration as well as providing all remaining documentation of qualification prior to registration. The remaining 80% will be covered by the 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 NOVA Workforce Office or advise that I was unsuccessful in 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 all class and program requirements and will promptly seek the related credential;
7. I understand there are no job guarantees expressed or implied and the responsibility for finding employment is solely my own;
8. I understand NOVA Workforce 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 NOVA Workforce with a current 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 or licensure within 90 days of completing the NOVA Workforce program.**

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 NVCC WCG Financial Assistance:

APPLICANT SIGNATURE _____

DATE _____

DOMICILE DETERMINATION FORM



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%; font-size: small;"> First Middle (Full) Last </div> Date of birth: _____ <div style="display: flex; justify-content: space-between; width: 100%; font-size: x-small;"> (mm) (dd) (yy) </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;"> First Middle (Full) Last </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;"> mm/dd/yyyy mm/dd/yyyy </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;"> 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; 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;"> 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; 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;"> 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 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

CHECKLIST – For students applying for FANTIC

Please submit submit the following in person due to sensitive information of these documents:

- A fully completed FANTIC application.
- A fully completed VCCS Domicile Determination Form.
- Photo-ID such as a driver's license or passport.
- Age Verification (one of the following legal documents that shows applicant's birthdate)
 - Birth Certificate State-Issued ID Driver's License Passport
 - _____
- Proof of Virginia Residency (any of the following must have the applicant's name and address preprinted on the document).
 - Utility Bill Housing Contract Voter Card Rent Receipt
 - Bank Statement Bank Statement _____
- If you are a Permanent Resident, you must provide a copy of your Permanent Resident card which shows the A-number.
- Selective Service Registration Compliance (for male applicants only)
(For more information: <https://www.sss.gov/Registration/Status-Information-Letter>)
- Financial Need Verification (Option 1 or 2 to verify financial need based on household income):

OPTION 1: SNAP or TANF eligibility

- Current/Active **SNAP OR TANF Card**
- REQUIRED: Summary of Benefits/Current Documentation stating eligibility for either SNAP or TANF

OPTION 2: Household Income (one of the following):

- IRS Tax Return Transcript (can be obtained at <https://www.irs.gov/individuals/get-transcript>)
 - Only Tax Return Transcripts are accepted. IRS *Account* Transcripts are NOT acceptable.
 - Remember, if the applicant is a dependent, the tax return transcript must be from the tax return they are claimed on, not the applicant's tax return!

-OR-

- The applicant's W-2 (Wage and Tax Statement from applicant's employer)

SNAP = Supplemental Nutrition Assistance Program

TANF = Temporary Assistance for Needy Families