



Northern Virginia Community College

## Workforce Financial Assistance

# Overview...

## What is FANTIC?

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**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 student's portion at the time of registration. Required books and exams may not be included with all programs and may be an additional cost. Funding for the FANTIC program is limited.

**NOTE:** FANTIC is a subset of FastForward/WCG. FANTIC participants must adhere to the FastForward agreement. Failure to complete the class will result in the student's financial obligation to pay an additional one-third of the overall cost of the program back to the Commonwealth of Virginia.

## What is expected?

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Participants in FastForward or FANTIC programs are expected to attend at least 90% of all class meetings, satisfactorily complete any requirements set by the instructor and/or program, and sit for the Industry Credential exam. Those that do not pass the class, (for any reason), may not sit for the industry certification exam and will be invoiced and responsible for paying, the second one-third of the overall cost of the class.

## How to Apply

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- Complete the **Domicile Determination Form**.
- Complete the **FANTIC Application Form including the signed Memorandum of Understanding (MOU)**.
- Complete the **FastForward/WCG Agreement 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 by email and help them through the registration process.

## NOVA Workforce Class Cancellation Policy

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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.

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## What are the qualifications?

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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 and meet the one-year domicile requirement.
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 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;

\*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 Return 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

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For more information on Workforce Financial Assistance, please contact NOVA Workforce at 703.503.6300 or email questions to [NOVAWorkforceAnswers@nvcc.edu](mailto: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: PLEASE PRINT

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**? Dates of unemployment: \_\_\_\_\_  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
- E. Have you used FANTIC funding previously? If yes, what semester? \_\_\_\_\_  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 Photo ID 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"/> State Issued ID	<input type="checkbox"/> Driver’s License
<input type="checkbox"/> Passport	<input type="checkbox"/> Voter Card	<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"/> <b>Current/Active SNAP Card</b><br>Supplemental Nutrition Assistance Program | <input type="checkbox"/> <b>Current/Active TANF Card</b><br>Temporary Assistance for Needy Families |
| <input type="checkbox"/> 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)	48 Contiguous States and DC
1	\$36,420
2	\$49,380
3	\$62,340
4	\$75,300
5	\$88,260
6	\$101,220
7	\$114,180
8	\$127,140

**Additional Applicant Information** for Clarification (if needed):

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## 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 completed applications will be reviewed/considered. All required documentation must be provided with submission and at least 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 that as part of the FastForward 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 that if I fail to successfully complete a funded program of study I am ineligible for additional awards. I may submit an appeal to the institution for unusual or mitigating circumstances;
9. I understand I can register for only one FastForward course at a time. If I register for a second FastForward course while I am currently enrolled in a FastForward course, and I have not sat for the Industry Credential exam, I will be dropped from the second course;
10. I understand there are no job guarantees expressed or implied and the responsibility for finding employment is solely my own;
11. I understand NOVA Workforce may share my information with other supporting agencies;
12. 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;
13. 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 NOVA Workforce Financial Assistance:**

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.

- |  |   |
|--|---|
| <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: right; 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; 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: right; 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; 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: right; 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; 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: right; 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; 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



**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: \_\_\_\_\_ Northern Virginia \_\_\_\_\_ 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:

\_\_\_\_\_

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Signature

Name (please print)

Date

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Parent/Guardian Signature

Name (please print)

Date

## **CHECKLIST – For students applying for FANTIC.**

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

- A fully completed FANTIC application including the signed MOU.
- A fully completed VCCS Domicile Determination Form.
- A fully completed FastForward/WCG Agreement Form.
- Photo-ID such as a driver's license or passport.
- Age Verification (one of the following legal documents that shows student's birthdate)
  - Birth Certificate     State-Issued ID     Driver's License     Passport
  - Voter Card     \_\_\_\_\_
- 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     \_\_\_\_\_
- If you are a Permanent Resident, you must provide 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!

**SNAP** = Supplemental Nutrition Assistance Program

**TANF** = Temporary Assistance for Needy Families