

Laurel Ridge Workforce Solutions

FINANCIAL ASSISTANCE APPLICATION

Financial Assistance is available for select Workforce Solutions classes. For FastForward programs, FANTIC and G3 are the primary options. For non-FastForward Programs, the college Foundation Office offers partial assistance for select programs.

- **FANTIC** (Financial Assistance for Noncredit Training for Industry Credentials) – This program will cover the entire student cost of all FastForward classes if you meet the criteria. It is subject to expiration but is renewed each Fiscal Year (July 1 – June 30).
- **G3** (Get a Skill, Get a Job, Get Ahead) – This program will cover the entire student cost of select FastForward classes if you meet the criteria. It is subject to expiration but is renewed each Fiscal Year (July 1 – June 30).
- **Non-FastForward Programs** – For non-FastForward Programs/Classes, there are limited financial assistance options through the college Foundation Office. You can apply for these at www.laurelridgeworkforce.com/funding-options/scholarships

Based on the information you provide; we will match the most appropriate financial assistance.

PREREQUISITE TO APPLY: For FastForward programs, applicant must be a Virginia Resident for previous 12 months per VCCS Domicile Requirements.

1. PERSONAL INFORMATION:

All information fields must be completed to fully evaluate your application: TODAY'S DATE: _____

FULL APPLICANT NAME: First: _____ Middle: _____ Last: _____

STREET ADDRESS / PO BOX: _____ APT # _____

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

DATE OF BIRTH: _____

DAYTIME PHONE NUMBER: _____ EMAIL ADDRESS: _____

2. PROGRAM / CLASS: Write the program you wish to register along with start/end dates and location:

PROGRAM NAME: _____

START DATE: _____

CAMPUS/LOCATION: Middletown Campus Fauquier Campus Luray-Page County Center Online

3. PREQUALIFYING QUESTIONS:

There are multiple sources of Workforce financial aid based on your financial situation. Please answer the following questions that will help us determine your eligibility for the appropriate financial assistance for you and your program of study.

QUALIFYING BACKGROUND / INFORMATIONAL QUESTIONS	ANSWER	QUESTION PERTAINS TO:	
		FANTIC	G3
1. Are you receiving tuition assistance from any other source? If so, explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	✓	✓
2. Are you currently in compliance with the Selective Service Act requirement?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	✓	
3. Are you currently enrolled in an Associate or Bachelor degree Program?	<input type="checkbox"/> Yes <input type="checkbox"/> No	✓	✓
4. Do you currently hold a SNAP or TANF card or documentation indicating your current eligibility?	<input type="checkbox"/> Yes <input type="checkbox"/> No	✓	
5. Is anyone claiming you as a dependent on their tax return?	<input type="checkbox"/> Yes <input type="checkbox"/> No	✓	✓
6. Have you ever taken the class you are registering for at Laurel Ridge or another Virginia Community College?	<input type="checkbox"/> Yes <input type="checkbox"/> No	✓	✓
7. Have you ever received FANTIC or G3 financial assistance at Laurel Ridge or another Virginia Community College for the class you are registering to take?	<input type="checkbox"/> Yes <input type="checkbox"/> No	✓	✓

4. HOUSEHOLD INCOME:

Check (✓) the **box next to the line indicating the number of persons in your immediate family/household**. If your adjusted gross income is below the income threshold for the number of persons in your household, you may qualify for FANTIC or G3

Based on 2024 HHS Poverty Guidelines		FANTIC / G3
<input checked="" type="checkbox"/>	# Persons in Your Household	Income Threshold
	1	\$60,240
	2	\$81,760
	3	\$103,280
	4	\$124,800
	5	\$146,320
	6	\$167,840
	7	\$189,360
	8	\$210,880
	9	\$232,400
	10	\$253,920
For each additional household member over 10 add \$5,380		

What is your estimated **Annual Adjusted Gross Income** from last year? _____

5. REQUIRED DOCUMENTATION:

To fully review your application, **you must have one item from each of the three Verification Categories** below. Check (✓) the item you are submitting.

A. Identification, Domicile, and Age Verification (Check one. Copy of checked documentation must be attached)

- State-Issued Driver’s License
- State-Issued Photo ID Card
- US Passport

Each of these should show a photo, address, and your age. If you do not have any of these three, contact our office for an alternative. (540-868-7021 or workforce@laurelridge.edu)

B. Secondary Domicile Verification (Check one. Copy of checked documentation must be attached)

Item must show preprinted current address on the document:

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

C. Income Verification (Check one. Copy of checked documentation must be attached)

- Active **SNAP** or **TANF** card (for FANTIC Qualification Only).
- or
- IRS Tax Return Transcript** from applicant’s most recent Tax Return

Go to: <https://www.irs.gov/individuals/get-transcript> to get your IRS Tax Return Transcript. Allow 10 days to arrive if they are mailing it to you. It will be mailed to the address you used on your Tax Return.

6. APPLICANT MEMORANDUM OF UNDERSTANDING: (MOU)

I understand and fully agree with each of the following conditions associated with applying for and receiving **Workforce Solutions Financial Assistance:**

- a) **ACCOUNTABILITY:** I have accurately and truthfully completed this application for Workforce Solutions Financial Assistance and have been evaluated/disqualified for all other forms of financial assistance including WIOA Tuition Funding. I understand failure to fully disclose information or provide false or misleading statements/information will disqualify me (the applicant) from consideration.

Only fully complete applications will be reviewed/considered. All required documentation must be provided with submission and prior to the start of class with the only exception being the Tax Transcript which may be submitted up to 3 business days past the start date of the class (if preapproved by college). Failure to provide the tax transcript or other verifiable documentation could result in either billing for the full amount of the class or removal from the class;
- b) **COMMUNICATION ACKNOWLEDGEMENT:** 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 have provided in this document, as necessary. It your responsibility once you submit an application to monitor all emails (and your voicemail) from us and respond promptly. If either your email or phone number changes, it is your responsibility to contact us to update. Failure to respond could result in not being registered for the class;
- c) **GOAL OF FASTFORWARD FUNDING:** 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;
- d) **COVERED COSTS:** I understand that, if approved for this funding, this financial assistance will cover the first 1/3 student portion of the Fast Forward Workforce class. Any additional costs required for credential/license attainment not included in the cost of the program are **solely my expense**; however, per FastForward Guidelines, if I fail to complete the class for any reason, I will be responsible for repayment of one-third of the full cost of this class;
- e) **STUDENT ATTENDANCE:** I understand my obligation to attend all scheduled classes as absences may compromise my success and ability to acquire the necessary information/training/preparation for certification. I will make the commitment necessary to successfully meet the requirements to complete the program requirement and will promptly seek the related credential;
- f) **CREDENTIAL SUBMISSION:** I understand that once I successfully obtain my industry credential/license it is my obligation to present credential validation documentation to the LAUREL RIDGE Workforce Solutions Office or advise that I was unsuccessful at obtaining the related certification;
- g) **INFORMATION SHARING:** I understand Workforce Solutions may share my information with other supporting agencies;
- h) **RESPONSIVENESS:** I agree to respond promptly to requests for information related to this agreement and/or the class if contacted before, during, or after the class and to provide Workforce Solutions with a current/updated daytime phone number and email; and,
- i) **REFUND POLICY:** I agree to the college refund policy requiring **three business day's notice prior to the start date of the class**. After that time, I understand that I am financially responsible for all FastForward financial obligations including repayment of the second one third of the cost of the class.

THIS SECTION TO BE COMPLETED BY WORKFORCE SOLUTION REPRESENTATIVE			
PROGRAM SELECTION:			
TOTAL PROGRAM COST:	\$		
CERTIFICATION:	<input type="checkbox"/> Included in Program Cost	* Estimated Additional Cost for Certification to Applicant	\$
	<input type="checkbox"/> Not Included in Program Cost *	ESTIMATED OUT OF POCKET EXPENSE TO APPLICANT	\$

I understand and fully agree to abide by the conditions of the MOU’s contractual, financial, and credential obligations as stated above in consideration for receiving Laurel Ridge FastForward Financial Assistance:

APPLICANT SIGNATURE _____

DATE _____

Additional Applicant Information for Clarification (if needed):

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Official REVIEWER USE below this line...

INITIAL APPLICATION SUBMISSION DATE: _____ COMPLETE INCOMPLETE (Note below)

Initial Notes: _____

Application Review

REVIEWED BY _____

Documentation:

- Application is complete with all necessary boxes checked and information provided
Selective Service Verification: Compliant Non-Compliance / Print out **Verification Letter** and put with APP
- Verify that all documentation indicated in application is enclosed
- Cost Breakdown Section is complete
- Applicant has signed and dated
- Completed **Domicile Determination Form** submitted with the FastForward Application
- All Verification Documentation has been submitted: A. **Identification**; B. **Age**; C. **Secondary Domicile**; D. **Income**
- Letter of Appeal submitted (if necessary) / Must be attached.
- Documentation to Support Letter of Appeal submitted (if necessary)
- Application entered on **Financial Assistance Spreadsheet**

Approval Disposition

- Tentatively Approved** / Date: _____ Subject to: _____
- Approved** with standard documentation
- Approved** with Letter of Appeal
- Declined:** REASON: _____
DATE APPLICANT NOTIFIED OF DECISION: _____

Registration

- Registered for Program / Class START DATE: _____

Staff Information / Notes:

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