

# FINANCIAL ASSISTANCE APPLICATION

Financial Assistance is available for select Laurel Ridge Workforce Solutions classes. For FastForward programs, FANTIC and G3 are available. 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 it 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 some financial assistance programs through localities and the college Foundation Office. If your program is not listed below, contact our office for more information about possible financial assistance options.

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. SELECT PROGRAM / CLASS: Check (✓) the program you wish to enroll:

FASTFORWARD PROGRAM NAME	FANTIC	G3
<input type="checkbox"/> AWS Cloud Practitioner	✓	✓
<input type="checkbox"/> Carpentry Level 1	✓	✓
<input type="checkbox"/> CDL-A Weekday	✓	✓
<input type="checkbox"/> CDL-A Weekend	✓	✓
<input type="checkbox"/> CDL-B Weekday	✓	✓
<input type="checkbox"/> CDL-B Weekend	✓	✓
<input type="checkbox"/> CompTIA IT Fundamentals Prep & Certification	✓	✓
<input type="checkbox"/> CompTIA A+ Prep & Certification	✓	✓
<input type="checkbox"/> CompTIA Linux+ Prep & Certification	✓	✓
<input type="checkbox"/> CompTIA Network+ Prep & Certification	✓	✓
<input type="checkbox"/> CompTIA Project+ Prep & Certification	✓	✓
<input type="checkbox"/> CompTIA Security+ Prep & Certification	✓	✓
<input type="checkbox"/> CompTIA CASP+ Prep & Certification	✓	✓
<input type="checkbox"/> CompTIA CySA+ Prep & Certification	✓	✓
<input type="checkbox"/> Construction Project Management	✓	✓
<input type="checkbox"/> Electrical Level 1 Apprenticeship	✓	✓
<input type="checkbox"/> Electrical Level 2 Apprenticeship	✓	✓
<input type="checkbox"/> Electrical Level 3 Apprenticeship	✓	✓
<input type="checkbox"/> Electrical Level 4 Apprenticeship	✓	✓
<input type="checkbox"/> Heavy Equipment Operator Level 1	✓	✓
<input type="checkbox"/> Heavy Equipment Operator Level 1 - Online Hybrid	✓	✓
<input type="checkbox"/> HVAC Level 1 Apprenticeship	✓	✓
<input type="checkbox"/> HVAC Level 2 Apprenticeship	✓	✓
<input type="checkbox"/> HVAC Level 3 Apprenticeship	✓	✓
<input type="checkbox"/> HVAC Level 4 Apprenticeship	✓	✓

FASTFORWARD PROGRAM NAME	FANTIC	G3
<input type="checkbox"/> ITIL V.4 Foundation Prep & Certification	✓	✓
<input type="checkbox"/> Manufacturing Technician Level 1 Certification (MT1)	✓	✓
<input type="checkbox"/> Mechatronics: Fundamentals of Electricity	✓	✓
<input type="checkbox"/> Mechatronics: Fundamentals of Fluid Power	✓	✓
<input type="checkbox"/> Mechatronics: Fundamentals of Mechanical Systems	✓	✓
<input type="checkbox"/> Mechatronics: Fundamentals of PLCs	✓	✓
<input type="checkbox"/> Mechatronics: Fundamentals of Robotics	✓	✓
<input type="checkbox"/> Medical Assistant (CCMA) Program	✓	✓
<input type="checkbox"/> Medical Assistant Certification Prep (CCMA)	✓	
<input type="checkbox"/> Medical Scribe	✓	✓
<input type="checkbox"/> Medication Aide	✓	✓
<input type="checkbox"/> Nurse Aide Program (CNA)	✓	✓
<input type="checkbox"/> Patient Service Representative Program (PSR) (CMAA)	✓	✓
<input type="checkbox"/> Pharmacy Technician	✓	✓
<input type="checkbox"/> Phlebotomy Technician Program	✓	✓
<input type="checkbox"/> Plumbing Level 1 Apprenticeship	✓	✓
<input type="checkbox"/> Plumbing Level 2 Apprenticeship	✓	✓
<input type="checkbox"/> Plumbing Level 3 Apprenticeship	✓	✓
<input type="checkbox"/> Plumbing Level 4 Apprenticeship	✓	✓
<input type="checkbox"/> SHRM Certification Preparation Course	✓	

PROGRAM NOT LISTED

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### 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 <b>Selective Service Act</b> requirement?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Non-Applicable	✓	
3. Are you currently or have you recently taken any <u>Credit G3</u> classes?	<input type="checkbox"/> Yes <input type="checkbox"/> No		✓
4. Are you currently enrolled in an Associate or Bachelor degree Program?	<input type="checkbox"/> Yes <input type="checkbox"/> No	✓	✓
5. Do you currently hold a SNAP or TANF card or documentation indicating your current eligibility?	<input type="checkbox"/> Yes <input type="checkbox"/> No	✓	
6. Is anyone claiming you as a dependent on their tax return?	<input type="checkbox"/> Yes <input type="checkbox"/> No	✓	✓

### 4. JURISDICTION:

Check (✓) the box next to the jurisdiction/locality (for FANTIC) where you reside:

- Clarke County (3x)     
  Fauquier County (3x)     
  Frederick County (2x)     
  Page County (2x)  
 Rappahannock County (2x)     
  Shenandoah County (2x)     
  Warren County (2x)     
  Winchester City (2x)

If you do not live in one of the above LAUREL RIDGE jurisdictions, please use the adjoining jurisdictions below

Use for Adjoining JURISDICTIONS (for FANTIC) outside LAUREL RIDGE Service Region:		
<input type="checkbox"/> Culpeper County = 2x	<input type="checkbox"/> Harrisonburg City = 2x	<input type="checkbox"/> Rockingham County = 2x
<input type="checkbox"/> Fairfax County = 3x	<input type="checkbox"/> Loudoun County = 3x	<input type="checkbox"/> Stafford County = 3x
<input type="checkbox"/> Fredericksburg City = 3x	<input type="checkbox"/> Prince William County = 3x	<input type="checkbox"/> Other: _____

### 5. HOUSEHOLD INCOME:

Check (✓) the box next to the line indicating the number of persons in your immediate family/household.

Based on 2023 HHS Poverty Guidelines			FANTIC		G3
<input checked="" type="checkbox"/>	# Persons in Your Household	Poverty Guideline	2x Poverty GL	3x Poverty GL	4x Poverty GL
<input type="checkbox"/>	1	\$14,580	\$29,160	\$43,740	\$58,320
<input type="checkbox"/>	2	\$19,720	\$39,440	\$59,160	\$78,880
<input type="checkbox"/>	3	\$24,860	\$49,720	\$74,580	\$99,440
<input type="checkbox"/>	4	\$30,000	\$60,000	\$90,000	\$120,000
<input type="checkbox"/>	5	\$35,140	\$70,280	\$105,420	\$140,560
<input type="checkbox"/>	6	\$40,280	\$80,560	\$120,840	\$161,120
<input type="checkbox"/>	7	\$45,420	\$90,840	\$136,260	\$181,680
<input type="checkbox"/>	8	\$50,560	\$101,120	\$151,680	\$202,240
<input type="checkbox"/>	9	\$55,700	\$111,400	\$167,100	\$222,800
<input type="checkbox"/>	10	\$60,840	\$121,680	\$182,520	\$243,360
	For each additional person add \$5,140 for Poverty Rate		x2	x3	x4

What is your estimated Annual Adjusted Gross Income from last year? \_\_\_\_\_

## 6. 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.

### 1. 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 alternative. (540-868-7021 or [workforce@laurelridge.edu](mailto:workforce@laurelridge.edu))

### 2. 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

### 3. 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.

## 7. OUR COMMUNICATION METHOD:

### Responsibility Acknowledgement: (Important, please read)

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.

**8. 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) 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, but not limited to, Veteran’s GI Benefits and WIOA 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) 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;
- c) 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;
- d) 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;
- e) 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;
- f) I understand there are no job guarantees expressed or implied and the responsibility for finding employment is solely my own;
- g) I understand Workforce Solutions may share my information with other supporting agencies;
- h) 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;
- i) 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.
- j) I understand it is my responsibility to regularly monitor my email and voicemail for important communication from the college; and,
- k) 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 Workforce Solutions program.

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

**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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