

Workforce Credentials Grant (WCG) Registration Form

As a convenience, you can create a student profile online at ccwa.augusoft.net

Refunds will be allowed if student or employer submits a written cancellation request to trainer@ccwa.vccs.edu at least 5 business days prior to the beginning of class. Failure to cancel at least 5 business (M-F) days prior to the start of the class will result in the individual or employer being charged full tuition/fees invoicing for the reserved space.

Have you ever attended or been employed by a Virginia community college? Yes No If yes, please provide your EMPLID: _____

Student Contact information

Name. Last: _____ Maiden name: _____ First: _____ Full middle: _____

Date of Birth: Month: _____ Day: _____ Year: _____ Gender: Male Female

E-mail address: _____ Home phone: (____) _____ - _____

Home address. Street: _____

City: _____ State: _____ Zip: _____

City or county of residence: _____

Business name: _____

Business phone: (____) _____ - _____, extension: _____ Business fax: (____) _____ - _____

Business address. Street: _____ City: _____ State: _____ Zip: _____

How did you find out about CCWA?

- | | |
|--|---|
| <input type="checkbox"/> Employer (Name of Employer: _____) | <input type="checkbox"/> Advertising/news media |
| <input type="checkbox"/> Professional Organization (Name of Organization: _____) | <input type="checkbox"/> Previous CCWA student |
| <input type="checkbox"/> Trade show (Name of Event: _____) | <input type="checkbox"/> Word of mouth |
| <input type="checkbox"/> Catalog on Display (Location: _____) | |

Please enroll me in the following Community College Workforce Alliance WCG class:

Course Number	Section Number	Course Title	Date (s)	Location / Room	Cost
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Payment Information

- Check (make payable to CCWA) Reference Code (when applicable): _____
- Billing-authorization letter and/or purchase order. Please include a copy with registration. Purchase order number here: _____
- Credit Card.* Visa MasterCard. Bankcard #: _____ Expiration date: _____
- Card holder's name (please print): _____
- Please note: When using a credit card, your statement will display BCC as recipient of the transaction CVV Code: _____

Participant's Social Security # _____ (Required for WCG Programs)

***SS# will be removed once student profile is updated.**

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.

- 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; font-size: small;"> First Middle (Full) Last </div> Date of birth: _____ <div style="display: flex; justify-content: space-between; font-size: x-small;"> (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; 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;"> 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; font-size: x-small;"> 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; font-size: small;"> 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; 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;"> 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; 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 checked="" type="radio"/> Yes <input checked="" type="radio"/> No Were you discharged from the U.S. Armed Forces? <input checked="" type="radio"/> Yes <input checked="" type="radio"/> 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? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Is the above person discharged from the U.S. Armed Forces? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 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 checked="" type="radio"/> Yes <input checked="" type="radio"/> No Are you the dependent of someone discharged from the U.S. Armed Forces? <input checked="" type="radio"/> Yes <input checked="" type="radio"/> 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 checked="" type="checkbox"/> No Is the above person a dependent of someone discharged from the U.S. Armed Forces? <input type="checkbox"/> Yes <input checked="" 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? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 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? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 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? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 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? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 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 checked="" type="radio"/> Yes <input checked="" type="radio"/> No If "No," has the applicant held a Driver's license or DMV ID to any other state? <input checked="" type="radio"/> Yes (List state) _____ <input checked="" type="radio"/> No owned or operated a motor vehicle registered in Virginia? <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No If "No," has the applicant owned or operated a motor vehicle registered in any other state? <input checked="" type="radio"/> Yes (List state) _____ <input checked="" type="radio"/> No been registered to vote in Virginia? <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No If "No," has the applicant been registered to vote in another state? <input checked="" type="radio"/> Yes (List state) _____ <input checked="" type="radio"/> No</p>	<p>10. For the past 12 months, has the above person: held a Virginia Driver's license or Virginia DMV ID? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If "No," has the applicant held a Driver's license or DMV ID to any other state? Yes (List state) _____ No <input checked="" type="checkbox"/> owned or operated a motor vehicle registered in Virginia? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "No," has the applicant owned or operated a motor vehicle registered in any other state? Yes (List state) _____ No <input checked="" type="checkbox"/> been registered to vote in Virginia? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If "No," has the applicant been registered to vote in another state? Yes (List state) _____ No <input checked="" type="checkbox"/></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 Workforce Alliance. 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 and/or sponsor 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 and/or sponsor 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 and/or sponsor 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 and/or sponsor 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



Participant Expectation

Proof of Credential or Licensure and Unsubsidized Employment

As a participant in the Fast Forward and FANTIC/G3 programs under the Virginia Community College System at the Community College Workforce Alliance (CCWA) you are required as a condition of allocating training grants to you for the purpose of participating in CCWA Industry Certification Training to:

1. Complete the class with a Satisfactory ("S" grade) per the class syllabus requirements.
2. Report back your earning a Credential/Licensure (even after completion of the training program) and to provide a hard or digital copy of same; and
3. To report back obtaining or retaining unsubsidized employment.

CCWA along with other Workforce programs in the Community College System are evaluated each year during the General Assembly to show the positive outcomes for grant recipients (students) that have led to attainment of an industry recognized licensure/credential. CCWA is also evaluated on the percentage of students who obtained unsubsidized employment each grant year. Without such outcome-based data each year, CCWA is at risk, along with other workforce programs, of losing grant funds to serve other individuals in the future. We rely on you as a customer to provide in good faith this information so that our programs may continue to help others in the future.

You may hear back or receive a follow up call if we do not hear back from you, however, we expect you to contact our organization at (804)523-2292 to provide proof of your certification/licensure completion and if applicable report your current employment. We appreciate your engagement in our program and hope that you understand this information is critical to the continuance of these programs.

Your signature below indicates that you will report both your credential/licensure attainment and employment information immediately upon completion of each.

Signature

Date