



Danville Community College

1008 South Main Street  
Danville, VA 24541



**Workforce Services Financial Aid  
FANTIC  
Application/Checklist**

TODAY'S DATE \_\_\_\_\_

APPLICANT NAME: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

MAILING ADDRESS (if different from street address) \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

DAYTIME PHONE NUMBER \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

Please **attach copies** of following eligibility documents required for qualification for **Workforce Services Financial Aid**:

1. **Proof of Virginia Residency** (one of the following)
 

<input type="checkbox"/> Utility Bill	<input type="checkbox"/> Housing Contract	<input type="checkbox"/> Voter Card
<input type="checkbox"/> Rent Receipt	<input type="checkbox"/> Preprinted Bank Statement	
  
2. **Age Verification** (one of the following)
 

<input type="checkbox"/> Driver's License	<input type="checkbox"/> Birth Certificate
<input type="checkbox"/> Passport	<input type="checkbox"/> State-Issued ID

**3. Compliance with Military Selective Service Act**

I am in compliance with the Selective Service Act requirements:

- Yes  No

Female Applicant (SSA does not apply)

**4. Not currently enrolled in an Associate or Bachelor's degree program**

- Not currently enrolled  Currently enrolled: Explain on back.

5. **Eligible Workforce Training Program:** (Check one)

- Backflow Prevention Device Certification
- Senior Professional in Human Resources Fundamentals
- Microsoft MTA Networking Fundamentals
- Electrical – Level 1
- Electrical – Level 2
- Electrical – Level 3
- Electrical – Level 4
- Electrical Journeyman
  - Electrical Tradesman License Renewal
- Plumbing Tradesman License Renewal
- Siemens Mechatronics Systems Certification Program – Level I
  - Level I CNC Milling: Operations
- Level I CNC Turning: Operations
- HVAC Tradesman License Renewal
- Certified Nurse Aide
- Emergency Medical Technician
- Emergency Medical Technician – Intermediate
- CISCO Certified Network Associate
- CISCO Certified Entry Network Associate
- CISCO Certified Network Professional
- CompTIA Server+
- Microsoft MTA Server Administration
- CompTIA Network+
- Certified Production Technician
- Gas Metal Arc Welding (GMAW)
- GAS Tungsten Arc Welding (GTAW)
- Manufacturing Specialist (MS)
- Measurement, Materials, and Safety
- Level I CNC Milling: Programming Setup & Operations
- Level II CNC Milling Skills II
- Level II Turning Skills
- Level I CNC Turning: Programming Setup & Operations
- Certified Welder
- Commercial Driver’s License
- Manufacturing Technician (MT1)

6. **Ineligible for other tuition assistance** benefits:

- a. Are you a veteran who is eligible for **GI Bill**  Yes  No
- b. Are you currently **employed**?  Yes  No
- c. If you are employed, have you been **laid off in the last 20 months** and your current job is an interim or temporary position?  Yes  No
- d. Are you or will you be **receiving any other tuition assistance** from other  Yes  No

*“Yes” to any question could indicate eligibility for other tuition assistance or grant funding. Workforce Solutions staff will determine if you meet the qualifications for any other funding options.*

7. **Demonstrate a financial need** using one of the following:

Option 1: **SNAP / TANF Eligibility**

Present current SNAP Card

Present current TANF Card

Supplemental Nutrition Assistance Program Temporary Assistance for Needy Families

Families

Documentation stating eligibility for either SNAP or TANF

Option 2: **Household Income**

1. Is anyone claiming you 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: (Check one)

To obtain your Tax Return Transcript go to IRS website (allow 10 business days to arrive in mail). <http://www.irs.gov/Individuals/Get---Transcript>

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

I have applied for a **Tax Return Transcript** from my most recent Tax Return.

Based on your Tax Transcript and the number of persons in your household, we will use the following table to determine your eligibility:

2017 FEDERAL POVERTY GUIDELINES		
Persons in Family/Household	Poverty Guideline	200 Percent of Poverty (Poverty Guideline x 2)
For families/households with more than 6 persons, see federal chart and multiply by 200%.		
1	\$12,060	\$24,120
2	16,240	32,480
3	20,420	40,840
4	24,600	49,200
5	28,780	57,560
6	32,960	65,920

\*For families/households with more than 8 persons, add \$5,200 for each additional person.

**8. Complete FANTIC income questions below:**

What was your Federal Adjusted Gross Income last year? \$ _____	
How many exemptions did you claim? _____	
List names and relationship of exemptions claimed (use additional sheet if necessary):	
NAME	RELATIONSHIP
If you did not pay income taxes last year, what was the reason? _____	
Are you listed as an exemption on another person's income taxes? _____	
What is your current living situation? Check one:	
_____ Rent - Monthly rent \$ _____	
_____ Own - Monthly mortgage \$ _____	
_____ Live with friends/relatives - Monthly payment \$ _____	
_____ Live with friends/relatives at no cost - contact information for this person _____	
Approximately how much do you spend a month on living expenses for all of the individuals for whom you provide support (food, household expenses, phone, TV, Internet, heat, electric, water, vehicle operation, etc.)? \$ _____	
Does someone else assist you with some or all of these costs? _____	
If so, how much of that amount is paid by another person? \$ _____	
What is your relationship to the person providing the above noted financial support? _____	
What other regular monthly expenses do you have that are not noted above? Complete all that apply.	
_____ Car Payment \$ _____	
_____ Insurance \$ _____	
_____ Daycare \$ _____	
_____ Other _____ \$ _____	
_____ Other _____ \$ _____	
What are your sources of income? Complete all that apply.	
_____ Work \$ _____	_____ Disability \$ _____
_____ TANF \$ _____	_____ SNAP \$ _____
_____ Veteran's benefits \$ _____	_____ Child support \$ _____
_____ Retirement benefits \$ _____	_____ Someone else's income \$ _____
_____ Other _____	_____ \$ _____

Provide information on the **Eligible Workforce Credential Grant Training Program** in which you wish to enroll. If you are interested in receiving FANTIC for more than one program, you must submit a FANTIC application for each program.

WCG Credential Grant PROGRAM NAME \_\_\_\_\_

PROGRAM START DATE \_\_\_\_\_

### **Workforce Services Class Cancellation Policy**

In the event an applicant wishes to cancel a class they must adhere to the Workforce Services Cancellation policy which requires notice prior to the start of the class to receive a refund.

In the event Workforce Services 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. Financial assistance will not be awarded.

#### **Additional Information for Clarification:**

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#### **Certification and Signature**

*By signing this worksheet, I certify that all of the information reported is true and correct. I acknowledge that I am aware that purposely giving false or misleading information in order to obtain financial aid is punishable by a fine of up to \$20,000, imprisonment, or both.*

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Spouse's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

1.

**Official REVIEWER USE below this line. . .**

INITIAL APPLICATION SUBMISSION DATE: \_\_\_\_\_

COMPLETE    INCOMPLETE

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

Applicant has signed and dated

Application entered on **Financial Assistance Spreadsheet**

**Approval Disposition:**

**Tentatively Approved** / Date:      Subject to:

**Approved** with standard documentation

**Declined:**    REASON: \_\_\_\_\_

DATE APPLICANT NOTIFIED OF DECISION:

**Registration**

Registered for Program / Class    DATE:    \_\_\_

**Staff Information / Notes:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_