Patrick Henry Community College

Funding Assistance for Career Credit Programs

Workforce, Economic and Community Development (WECD) at PHCC is now offering funding assistance to career credit students. Financial aid, grants, and scholarships are available to students enrolling in eligible workforce training programs at PHCC.

Eligible Workforce Training Programs:

- Carpentry Level 1 – 4
- CDL Tractor Trailer Training
- Certified Nurse Aide (CNA)
- Cisco Certified Network Associate (CCNA)
- Community Dental Health Coordinator
- Clinical Medical Assistant
- Core-Introductory Craft Skills
- Electrical Groundsman
- HOPE Customer Service
- HOPE Food Service
- HVAC Level 1 - 4
- Manufacturing Training
- Plumbing Level 1 - 4
- Phlebotomy Technician
- Siemens SMSCP Level 1 (Mechatronics Boot Camp)
- Veterinary Assistant

How do I apply?

- Complete the Workforce Programs Funding Assistance Application.
- Compile the required documentation, as outlined in the application.
- Call 276.656.0260 to schedule a personal interview for submission of application and paperwork.
- Applications will be reviewed on a first come, first serve basis to determine qualification and approval.
- The applicant will be notified of the decision.
- If approved for funding assistance, the student will be registered in the program by our office staff.
- Once your registration is processed, you will receive an email confirmation that will include details about the registered program.

Contact Information and Questions:
For general questions, email wecd@patrickhenry.edu or call 276.656.0260.
Patrick Henry Community College
Workforce Programs Grant and Scholarship Application

Workforce programs grants and scholarships are financial awards to students enrolling in career credit workforce training programs at the college, based on the following criteria:

- Priority of service to students residing within the college's service region.
- Priority given to training that leads to high-demand nationally recognized industry certification or state licensure.
- Secondary priority given to training that leads to a high-demand occupation within the college's service region.
- Scholarships are needs-based and are "last dollar," meaning that all other potential sources of funding have been exhausted.
- Students must meet all program admission requirements to be eligible for a workforce programs scholarship.

In the following pages you will be asked questions that are necessary to apply for the workforce programs grants and scholarships at Patrick Henry Community College. You must answer each question fully to determine eligibility. Transcripts will be reviewed in addition to application materials.

Patrick Henry Community College does not discriminate on the basis of race, color, national origin, sex, or disability in its programs and activities. The following person has been designated to handle inquiries regarding the non-discrimination policy: Affirmative Action Coordinator, Francis T. West Hall, room 148, (276) 656-0214. This includes access to electronic information and services.

Selection of workforce programs scholarship awardees will be decided by the PHCC Workforce Programs Scholarship Selection Committee.
### General Information

**Full Name:**

First

Last

M.I.

**Address:**

Street Address

Apartment/Unit #

City

State

ZIP Code

**Phone:**

Email

**Citizenship Status:** for non-U.S. citizens, please provide visa or other proof of status for review

- [ ] U.S. Citizen
- [ ] Permanent Resident
- [ ] Political Asylum/Refugee
- [ ] Temporary Visa: [ ] Other:

  please specify

  please specify

<table>
<thead>
<tr>
<th>Domicile Determination</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Have you lived in Virginia continuously for the last twelve months?</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>2. For the last twelve months, have you held a Virginia state driver’s license or Virginia DMV ID?</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>3. Did you move to Virginia from another state for the purpose of attending school?</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>4. For the last twelve months, have you filed a Virginia tax return?</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>5. For the last twelve months, have you owned or operated a motor vehicle registered in Virginia?</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>6. For the last twelve months, have you been registered to vote in Virginia?</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
</tbody>
</table>

### Academic Information

**Highest level of education**

- [ ] No High School/Diploma/GED
- [ ] High School Diploma
- [ ] GED
- [ ] Associate’s Degree
- [ ] Bachelor’s Degree
- [ ] Master’s Degree
- [ ] Some college no degree
- [ ] Doctoral Degree

**Are you currently enrolled in an Associate or Bachelor’s degree program?**

[ ] YES [ ] NO

**Have you ever attended a community college in the state of Virginia? If so, where?**

[ ] YES [ ] NO

**Do you plan to continue your education beyond this training program?**

[ ] YES [ ] NO
### Scholarship Information

**Proof of Virginia Residency (please provide a copy of one of the following):**
- [ ] Utility Bill
- [ ] Rent Receipt
- [ ] Voter Card
- [ ] Housing Contract
- [ ] Preprinted Bank Statement

**Age Verification (please provide a copy of one of the following):**
- [ ] Driver’s License
- [ ] Birth Certificate
- [ ] State-Issued ID
- [ ] Passport

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>I am in compliance with the Military Selective Service Act.</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Are you a veteran who is eligible for GI Bill funding?</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Are you currently employed?</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>If employed, have you been laid off in the last 20 months and your current job is an interim or temporary position?</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>Are you (or your spouse, parent, or guardian) a client of the Virginia Workforce Center?</td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>Are you or will you be receiving any other tuition assistance from other sources?</td>
<td></td>
</tr>
</tbody>
</table>

You must demonstrate a financial need utilizing one of the following:

- [ ] Option 1: SNAP/TANF Eligibility (present current SNAP or TANF card or provide documentation)
- [ ] Option 2: Household Income.
  - Is anyone claiming you as a dependent on their taxes? 
    - [ ] YES
    - [ ] NO

The following table will be used to determine eligibility, based on your Tax Transcript, your locality, and the number of persons in your household.

<table>
<thead>
<tr>
<th># of Persons in household</th>
<th>Poverty Guideline</th>
<th>200% Level</th>
<th>300% Level</th>
<th>400% Level</th>
<th>500% Level</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>100% Scholarship</td>
<td>50% Scholarship</td>
<td>25% Scholarship</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>$11,880</td>
<td>$23,760</td>
<td>$35,640</td>
<td>$47,520</td>
<td>$59,400</td>
</tr>
<tr>
<td>2</td>
<td>$16,020</td>
<td>$32,040</td>
<td>$48,060</td>
<td>$64,080</td>
<td>$80,100</td>
</tr>
<tr>
<td>3</td>
<td>$20,160</td>
<td>$40,320</td>
<td>$60,480</td>
<td>$80,640</td>
<td>$100,800</td>
</tr>
<tr>
<td>4</td>
<td>$24,300</td>
<td>$48,600</td>
<td>$72,900</td>
<td>$97,200</td>
<td>$121,500</td>
</tr>
<tr>
<td>5</td>
<td>$28,440</td>
<td>$56,880</td>
<td>$85,320</td>
<td>$113,760</td>
<td>$142,200</td>
</tr>
<tr>
<td>6</td>
<td>$32,580</td>
<td>$65,160</td>
<td>$97,740</td>
<td>$130,320</td>
<td>$162,900</td>
</tr>
<tr>
<td>7</td>
<td>$36,730</td>
<td>$73,460</td>
<td>$110,190</td>
<td>$146,920</td>
<td>$183,650</td>
</tr>
<tr>
<td>8</td>
<td>$40,890</td>
<td>$81,780</td>
<td>$122,670</td>
<td>$163,560</td>
<td>$204,450</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th></th>
<th># in Household</th>
<th>Amount</th>
<th>Amount</th>
<th>Amount</th>
<th>Amount</th>
</tr>
</thead>
</table>

- [ ] Applicant submitted Tax Transcript verifying household income within Poverty guideline checked above in Poverty Guideline column.
Describe why you wish to attend Patrick Henry Community College and what you hope to gain from your experience. Discuss any events or role models in your life that have encouraged you to pursue a college education and include your plans for a career and/or further education when you graduate. Finally, include details of how this scholarship will enable you to pursue your career goals. *Please print neatly or you may choose to type and print the essay. (MAX: 500 words)
Eligible Workforce Training Program

☐ Certified Billing and Coding Specialist (CBCS)
☐ Certified Clinical Medical Assistant (CMA)
☐ Certified Nurse Aide (CNA)
☐ Certified Phlebotomy Technician
☐ Certified Production Technician
☐ CISCO Certified Network Associate
☐ CISCO Certified Entry Networking Technician (CCENT)
☐ Commercial Driver’s License (CDL)
☐ Electrical Groundsman
☐ Registered Medication Aide (RMA)
☐ Siemens Automation Fundamentals Certificate
☐ Siemens Mechatronic Systems Certification Program Level 1
☐ OTHER: ________________________________

Certification

Workforce Programs Grant and Scholarship Application Certification

I, ________________________________, certify that the information contained in my application for workforce programs grants and scholarships at Patrick Henry Community College is accurate and complete to the best of my knowledge. I understand that if false statements are contained in this application I will be ineligible for this or any other college scholarship at PHCC. I understand my eligibility for all scholarships is based on additional factors which are or are not included in this application. I understand I will only be notified if I am awarded a workforce programs grant or scholarship. I understand scholarship criteria and the selection process can change without notice.

Additionally, by signing below I grant permission to PHCC and any scholarship donor to use my photograph, likeness and name in any marketing or public relations material announcing my award.

_____________________________________________  ________________
Signature of Applicant                        Date
Go to ph.augusoft.net to complete the following profile online; click on LOGIN/CREATE ACCOUNT

PRIVACY NOTICE: This application must not be emailed – a secure fax line is provided

Student's Full Legal Name: ____________________________________________
First                        Middle                        Last                        Suffix

PHCC Student ID (EmpID) No.: ______________________________Social Security No.: ______________________________

Former Name (if applicable): ___________________________ Preferred Name: ___________________________

Mailing Address: ________________________________________________
Street Address or PO Box __________________________ City ________________ State ________________ Zip ________________

Current Residence (City/County): ____________________________  □ City  □ County

Primary Daytime Phone: ___-____-________ Other Phone: ___-____-________

Email Address: ________________________________________________

Company, if employed: ________________________________________________

Date of Birth: ______-____-____ (mm/dd/yyyy) Gender: □ Male  □ Female

Ethnicity: □ Hispanic/Latino?  □ Yes  □ No

What is your race? (Select any that apply below):
□ White □ Black / African American □ Asian □ American Indian/Alaska Native □ Native Hawaiian / Other Pacific Islander

U.S. Citizenship Status:
□ Native (U.S. citizen at birth) □ Naturalized (became citizen after birth) □ Alien Permanent □ Alien Temporary □ Not Indicated
If Alien Permanent, Status: □ Resident Alien □ Asylee □ Refugee  Country of Citizenship:
If Alien Temporary, Visa Type: ___________________________ Country of Citizenship:

U.S. Military Status: □ No Military Service □ Spouse □ Dependent □ Active Duty □ Active Reserve □ Inactive Reserve
□ National Guard □ Retired □ Veteran □ Veteran (VA Ineligible) □ Vietnam-Era Veteran Date of Entry: ________________

<table>
<thead>
<tr>
<th>Course Title</th>
<th>Course Date/s</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Applicant's Signature: ____________________________________________ Date: ________________

Parent / Legal Guardian's Signature, if under 16 years of age

Patrick Henry Community College does not discriminate on the basis of race, color, national origin, sex, or disability in its programs and activities. The following person has been designated to handle inquiries regarding the non-discrimination policy: Affirmative Action Coordinator, Francis T. West Hall, room 148, (276) 656-0214.

OFFICE USE ONLY: Date Received ___________________________ Date Entered ___________________________ By ___________________________
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. 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.

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.

Updated: 8/31/2017
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: __________

________________________________________________________________________________________

Signature | Name (please print) | Date

________________________________________________________________________________________

Parent/Guardian Signature | Name (please print) | Date

Updated: 8/31/2017
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.

☐ 1. 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 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.

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

<table>
<thead>
<tr>
<th>First</th>
<th>Middle (Full)</th>
<th>Last</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Date of birth: (mm) (dd) (yy)

2. Are you a U.S. Citizen? □ Yes □ No (If "Yes" skip to question #3)
   - If "No," are you a permanent resident? □ Yes □ No
     - If "Yes," what is your "A number"?
     - If "No," what is your immigration status?

3. Are you on active duty in the U.S. Armed Forces? □ Yes □ No
   - If "Yes," is Virginia listed as the Tax State on your Leave and Earning Statement? □ Yes □ No
     - Date of Entry: mm/dd/yyyy
     - Official Duty Station: State
     - Reporting Date: mm/dd/yyyy Duration of Orders: mm/dd/yyyy

4. Are you the dependent of an active duty member in the U.S. Armed Forces? □ Yes □ No
   - If "Yes," is Virginia listed as the Tax State on your Leave and Earning Statement? □ Yes □ No
     - Date of Entry: mm/dd/yyyy
     - Official Duty Station: State
     - Reporting Date: mm/dd/yyyy Duration of Orders: mm/dd/yyyy

---

### B. Parent, Legal Guardian, or Spouse's Information

<table>
<thead>
<tr>
<th>First</th>
<th>Middle (Full)</th>
<th>Last</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1. Provide the name of the person upon whom you are basing your domicile:

Date of birth: (mm) (dd) (yy)

2. Using the above person's information, answer the questions below.
   - Is the above person a U.S. citizen? □ Yes □ No (If "Yes" skip to question #3)
     - If "No," is he/she a permanent resident? □ Yes □ No
     - If "Yes," what is his/her "A number"?
     - If "No," what is his/her immigration status?

3. Is the above person on active duty in the U.S. Armed Forces? □ Yes □ No
   - If "Yes," is Virginia listed as the Tax State on his/her Leave and Earning Statement? □ Yes □ No
     - Date of Entry: mm/dd/yyyy
     - Official Duty Station: State
     - Reporting Date: mm/dd/yyyy Duration of Orders: mm/dd/yyyy

4. Is the above person married to an active duty member of the U.S. Armed Forces? □ Yes □ No
   - If "Yes," is Virginia listed as the Tax State on the Leave and Earning Statement? □ Yes □ No
     - Date of Entry: mm/dd/yyyy
     - Official Duty Station: State
     - Reporting Date: mm/dd/yyyy Duration of Orders: mm/dd/yyyy
<table>
<thead>
<tr>
<th>A. Applicant's Information</th>
<th>B. Parent, Legal Guardian, or Spouse's Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>5. Are you retired from the U.S. Armed Forces? □ Yes □ No</td>
<td>5. Is the above person retired from the U.S. Armed Forces? □ Yes □ No</td>
</tr>
<tr>
<td>Were you discharged from the U.S. Armed Forces? □ Yes □ No</td>
<td>Is the above person discharged from the U.S. Armed Forces? □ Yes □ No</td>
</tr>
<tr>
<td>If &quot;Yes,&quot; date of discharge/retirement: __________ mm/dd/yyyy</td>
<td>If &quot;Yes,&quot; date of discharge/retirement: __________ mm/dd/yyyy</td>
</tr>
<tr>
<td>Tax State on LES prior to discharge/retirement: __________</td>
<td>Tax State on LES prior to discharge/retirement: __________</td>
</tr>
<tr>
<td>6. Are you the dependent of someone retired from the U.S. Armed Forces?</td>
<td>6. Is the above person a dependent of someone retired from the U.S. Armed Forces? □ Yes □ No</td>
</tr>
<tr>
<td>□ Yes □ No</td>
<td>Is the above person a dependent of someone discharged from the U.S. Armed Forces? □ Yes □ No</td>
</tr>
<tr>
<td>Are you the dependent of someone discharged from the U.S. Armed Forces? □ Yes □ No</td>
<td>If &quot;Yes,&quot; date of discharge/retirement: __________ mm/dd/yyyy</td>
</tr>
<tr>
<td>If &quot;Yes,&quot; date of discharge/retirement: __________ mm/dd/yyyy</td>
<td>Tax State on LES prior to discharge/retirement: __________</td>
</tr>
<tr>
<td>7. Have you lived in Virginia for the last 12 months? □ Yes □ No</td>
<td>7. Has the above person lived in Virginia for the last 12 months? □ Yes □ No</td>
</tr>
<tr>
<td>If &quot;No,&quot; list address(es) for the last 24 months</td>
<td>If &quot;No,&quot; list address(es) for the last 24 months</td>
</tr>
<tr>
<td>From Date __________ To Date __________</td>
<td>From Date __________ To Date __________</td>
</tr>
<tr>
<td>Address __________________________ City __________________________ State __________________________ Country __________________________</td>
<td>Address __________________________ City __________________________ State __________________________ Country __________________________</td>
</tr>
<tr>
<td>From Date __________ To Date __________</td>
<td>From Date __________ To Date __________</td>
</tr>
<tr>
<td>Address __________________________ City __________________________ State __________________________ Country __________________________</td>
<td>Address __________________________ City __________________________ State __________________________ Country __________________________</td>
</tr>
<tr>
<td>8. For the last 12 months, which of the following applies to you:</td>
<td>8. For the last 12 months, which of the following applies to the above person:</td>
</tr>
<tr>
<td>□ paid Virginia income taxes on all earned income</td>
<td>□ paid Virginia income taxes on all earned income</td>
</tr>
<tr>
<td>□ filed as a resident in another state (list state)</td>
<td>□ filed as a resident in another state (list state)</td>
</tr>
<tr>
<td>□ filed as a resident in Virginia and as a non-resident in another state (list state)</td>
<td>□ filed as a resident in Virginia and as a non-resident in another state (list state)</td>
</tr>
<tr>
<td>□ was a resident in a state without income tax (list state)</td>
<td>□ was a resident in a state without income tax (list state)</td>
</tr>
<tr>
<td>□ had no taxable income</td>
<td>□ had no taxable income</td>
</tr>
<tr>
<td>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 □ No</td>
<td>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 □ No</td>
</tr>
<tr>
<td>If &quot;Yes,&quot; list state __________</td>
<td>If &quot;Yes,&quot; list state __________</td>
</tr>
<tr>
<td>10. For the past 12 months, have you:</td>
<td>10. For the past 12 months, has the above person:</td>
</tr>
<tr>
<td>held a Virginia Driver's License or Virginia DMV ID? □ Yes □ No</td>
<td>held a Virginia Driver's License or Virginia DMV ID? □ Yes □ No</td>
</tr>
<tr>
<td>If &quot;No,&quot; has the applicant held a Driver's license or DMV ID to any other state? □ Yes (List state) __________________________ □ No</td>
<td>If &quot;No,&quot; has the applicant held a Driver's license or DMV ID to any other state? □ Yes (List state) __________________________ □ No</td>
</tr>
<tr>
<td>owned or operated a motor vehicle registered in Virginia? □ Yes □ No</td>
<td>owned or operated a motor vehicle registered in Virginia? □ Yes □ No</td>
</tr>
<tr>
<td>If &quot;No,&quot; has the applicant owned or operated a motor vehicle registered in any other state? □ Yes (List state) __________________________ □ No</td>
<td>If &quot;No,&quot; has the applicant owned or operated a motor vehicle registered in any other state? □ Yes (List state) __________________________ □ No</td>
</tr>
<tr>
<td>been registered to vote in Virginia? □ Yes □ No</td>
<td>been registered to vote in Virginia? □ Yes □ No</td>
</tr>
<tr>
<td>If &quot;No,&quot; has the applicant been registered to vote in another state? □ Yes (List state) __________________________ □ No</td>
<td>If &quot;No,&quot; has the applicant been registered to vote in another state? □ Yes (List state) __________________________ □ No</td>
</tr>
</tbody>
</table>

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 __________

RVSD 5/12/2016