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**VCEDA Application**

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| --- | --- |
| **GENERAL INFORMATION:** | TODAY’S DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| --- | --- | --- | --- |
| APPLICANT NAME: | First: | Middle Initial: \_\_\_\_\_\_\_ | Last: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |  |  |
| --- | --- | --- | --- |
| FORMER NAME: | First: | Middle Initial: \_\_\_\_\_\_\_ | Last: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |
| --- | --- |
| STREET ADDRESS/PO BOX: | APT # |

|  |  |
| --- | --- |
| CITY: | COUNTY: |

|  |  |  |
| --- | --- | --- |
| STATE: | ZIP: | EMPL ID: |

|  |  |
| --- | --- |
| LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | DATE OF BIRTH: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SEX: M F |

|  |  |  |
| --- | --- | --- |
| DAYTIME PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | ALTERNATE PHONE: \_\_\_\_\_ | EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Please attach copies of the following eligibility documents required for qualification for **Workforce Development and Training**:

|  |  |  |
| --- | --- | --- |
| 1. **Citizenship Status** - for non-U.S. citizens, please provide visa or other proof of status for review | | |
| U.S. Citizen |  | Temporary Visa: Please specify |
| Permanent Resident |  | Other: Please specify |
| Political Asylum/Refugee | | |

|  |  |  |
| --- | --- | --- |
| 2. **Proof of Virginia Residency** – Must provide one of the items below to show Virginia residency for one year | | |
| Utility Bill | Housing Contract | Voter Card |
| Rent Receipt | Preprinted Bank Statement | Driver’s License (issued at least a year ago) |

|  |  |  |
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| 4. **Compliance with Military Selective Service Act** (male students only) | | |
| I am in compliance with the Selective Service Act requirements. | Yes | No |

|  |  |  |  |
| --- | --- | --- | --- |
| 5. **Highest Level of Education** | | | |
| No High School Diploma/GED | GED | High School Graduate | Some college no degree |
| Associate’s Degree | Bachelor’s Degree | Master’s Degree | Doctoral Degree |

|  |  |  |
| --- | --- | --- |
| 6. **Are you currently enrolled in an Associate or Bachelor’s degree program?** | Yes | No |
| If yes, provide documentation that the training relates to the degree program and is necessary to meet a job requirement or advance employment success. | | |

|  |  |  |
| --- | --- | --- |
| 7. **Have you ever received an industry credential?** | Yes | No |
| If yes, please specify: | | |

|  |  |  |  |
| --- | --- | --- | --- |
| 8. **Are you eligible for other tuition assistance benefits**? | | | |
| a. | Are you a veteran who is eligible for GI Bill funding? | 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 is your current job an interim or temporary position? | Yes | No |
| d. | Are you or will you be receiving any other tuition assistance for this program? If Yes, specify below which program: | Yes | No |

Workforce Innovation & Opportunity Act (WIOA) Virginia Initiative for Employment Not Welfare (VIEW) Department of Aging & Rehab Services Federal or State Financial Aid

Other

9. **Is this a** **Credit class** **Non Credit class**  **or** **Both?**

10. **What Workforce Program will you be taking**?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Course Number** | **Course Title** | **Start Date** | **Use of Funding** | **Cost** |
| ***Sample*** *BUSC 2505* | *Starting Your Own Business* | *01/30/16* | *Books/Tuition/etc.* | *$100.00* |
|  |  |  |  |  |
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**Additional Information for Clarification:**

Application Checklist - check below to indicate that you have provided each of the following items:

Completed each item on this form

If necessary, provided documentation of eligible noncitizen status

Attached documentation confirming Virginia residency

Attached documentation of age or high school completion

By signing this form, I agree to provide a copy of the credential awarded upon the completion of all required coursework and/or certification test. I certify that the information in this application is true and complete to the best of my knowledge and, if I later determine any information in this application to be represented incorrectly, I will contact the Continuing Education Office.

Student Signature Date

Program Coordinator Date

WFD Supervisor Signature Date