

NEW! Financial Aid is now available for non-credit workforce training programs at DCC!

**Awarding Policy and Distribution Plan for FANTIC
(Financial Aid for Noncredit Training leading to an Industry Credential)**

FANTIC aid is available to students residing within the Danville Community College service region and demonstrating financial need.

Determination of Eligibility and Student Selection:

1. Application Process – Students will complete a common application and provide required documentation for all potential funding sources, including FANTIC, other grant sources, and workforce scholarships from the DCC Foundation. The application includes an essay which students must complete to describe their career and life goals and how funding assistance will enable them to pursue these goals.
2. Interview Process – Students requesting financial assistance must meet with workforce program advisors to discuss the student’s educational and career goals, educational and work history, potential barriers to success, and commitment to successful completion of the program.
3. Committee Review and Approval – Once financial aid eligibility has been confirmed, student applications will be brought before a review committee consisting of leadership and staff of the college’s Workforce, Economic, and Community Development division. The student’s application essay, financial need, level of commitment and feedback from staff interviews will all be considered in the committee’s determination of whether to award financial aid.

Persons in Family/Household*	Poverty Guideline	200% of Poverty (Poverty Guideline x 2)
1	\$11,880	\$23,760
2	16,020	32,040
3	20,160	40,320
4	24,300	48,600
5	28,440	56,880
6	32,580	65,160
7	36,730	73,460
8	40,890	81,780

For more information, please contact Workforce Services at 434.797.8430



Danville Community College



RCATT, 121 Slayton Avenue
Danville, VA 24541

Workforce Services Financial Aid FANTIC Application/Checklist

GENERAL INFORMATION: _____ Date: _____

APPLICANT NAME: First: _____ Middle Initial: _____ Last: _____

STREET ADDRESS / PO BOX: _____ APT # _____

TOWN/CITY: _____ STATE: _____ ZIP CODE: _____

SOCIAL SECURITY NUMBER: _____ DATE OF BIRTH: _____

EMPLID# (If you are a current or past DCC student) _____

EDUCATION LEVEL ATTAINED: _____

DAYTIME PHONE NUMBER: _____ E-MAIL ADDRESS: _____

Please **attach copies** of following eligibility documents required for qualification:

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

- Utility Bill
- Housing Contract
- Voter Card
- Rent Receipt
- Preprinted Bank Statement

2. **Age Verification** (one of the following)

- Driver's License
- Birth Certificate
- Passport
- 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)

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

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

- | | | |
|---|------------------------------|-----------------------------|
| a. Are you a veteran who is eligible for GI Bill funding ? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Are you currently employed ? | <input type="checkbox"/> Yes | <input type="checkbox"/> 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? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Are you or will you be receiving any other tuition assistance from other sources? | <input type="checkbox"/> Yes | <input type="checkbox"/> 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**
- | | |
|--|--|
| <input type="checkbox"/> Present current SNAP Card
<small>Supplemental Nutrition Assistance Program</small> | <input type="checkbox"/> Present current TANF Card
<small>Temporary Assistance for Needy Families</small> |
|--|--|
- 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:

2016 Poverty Guidelines for the 48 Contiguous States and the District of Columbia

Persons in Family/Household*	Poverty Guideline	200% of Poverty (Poverty Guideline x 2)
1	\$11,880	\$23,760
2	16,020	32,040
3	20,160	40,320
4	24,300	48,600
5	28,440	56,880
6	32,580	65,160
7	36,730	73,460
8	40,890	81,780

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

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: _____

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:
