

Awarding Policy and Distribution Plan for Financial Aid for Non Credit Training Leading to Industry Credentials (FANTIC)

Priority of Service: FANTIC requests will be reviewed on a “first come, first served” basis.

Determination of Eligibility and Student Selection:

1. Application Process – Students will complete the FANTIC application and provide required documentation.
2. Interview Process – Students requesting FANTIC must meet with the FANTIC Administrator 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. Application Review and Approval – Applications will be reviewed for approval/non-approval based on FANTIC eligibility guidelines. Applicants will receive an email notification regarding the approval/non- approval of their applications.

Determination of Award Amount: As funds allow, GCC will make an award up to 90% of the tuition amount, with award decisions prioritized based on financial need and availability of funds. GCC will utilize FANTIC funds to target students who are not eligible for other financial assistance to cover tuition costs, but fall within the income eligibility of the FANTIC guidelines.

Notification of Award: Award recipients will receive an award letter outlining the amount of their award, and a Memorandum of Understanding (MOU) detailing their responsibilities. The MOU will be signed by the student to acknowledge understanding and acceptance of the requirements, and a copy will be kept in the college’s student record.

What is expected of FANTIC Applicants:

1. They will regularly attend and complete the training; AND
2. Successfully attend the industry credential or license at the end of the program, and verify attainment of the credential in a timely manner, to GCC; AND
3. Pay for the cost of the credential or license if it is not included in the cost of tuition.

Requirements of Award, Upon Approval:

1. Your attendance and progress will be monitored regularly by the FANTIC Administrator. You may be requested to submit additional documentation regarding your progress.
2. You are required to provide a copy of all industry certifications earned to the FANTIC Administrator.
3. If you fail to pass the credential testing, then you are required to pay for additional testing.
4. You are required to communicate employment status to the FANTIC Administrator for follow up and tracking.

What are the eligibility qualifications for FANTIC?

You must meet **all** of the following:

1. Be a **US citizen** or eligible noncitizen.
2. Be a **resident of the Commonwealth of Virginia** for a minimum of twelve (12) months, and demonstrate proof of residency with **one** of the following:
 - a. Have held a Virginia driver's license or Virginia DMV ID for a minimum of twelve (12) months.
 - b. Filed a Virginia tax return within the last twelve (12) months.
 - c. Be registered to vote in Virginia.
 - d. Own or operate a motor vehicle registered in Virginia.
3. Answer **NO** to the question, "Did you move to Virginia from another state for the purpose of attending school?"
4. Be **eighteen years old** if you have completed high school or earned a high school equivalency credential. Be **nineteen years old or older** if you have not completed high school or earned a high school equivalency credential.
5. Be in **compliance with Federal Selective Service** registration requirements.
6. **Not be enrolled in an associate or bachelor degree program**, unless the Workforce program provides training related to the degree program and is necessary to meet a job requirement or advance employment success.
7. **Enroll in a preapproved GCC Workforce Services credential program.**
8. Be **ineligible for other forms of tuition funding** including employer assistance plans or other tuition assistance programs from WIOA, SNAP E&T, TANF, DRS, or any other state or federal programs.
9. Demonstrate **financial need based on household income** by:
 - a. Providing proof that either the **student or dependent student's parent(s)** is currently eligible for the Supplemental Nutrition Assistance program (SNAP) and/or Temporary Assistance for Needy Families (TANF); or
 - b. Demonstrating that the **student or the dependent student's parent(s) has a household adjusted gross income** that is either less than 200% or 300% of the Federal Poverty Guidelines depending on the student's physical home address. This qualification will be determined by the GCC Workforce Services staff based on a Tax Return Transcript provided by the applicant.
 - **You must apply to the IRS to get a Tax Return Transcript** that must accompany the application to determine your financial eligibility. **This process can take up to 10 business days.** Go to IRS website: <http://www.irs.gov/Individuals/Get-Transcript>.
 - We can temporarily accept a copy of your **most recent tax return** to begin the process so long as we receive the **Tax Return Transcript no later than three business days past the class start date.** Please contact our office promptly if the IRS is unable to generate your **Tax Return Transcript** in a timely manner.

How do I apply?

1. Complete the **FANTIC Application**, and bring in the required documentation.
2. Applications will be reviewed by the Workforce Services staff to determine qualification. You may be required to apply for other funding sources based on your application responses/documentation prior to being evaluated for FANTIC.
3. As part of the application process you will also sign a **Memorandum of Understanding** that outlines the expectations of and cost to the recipient and becomes a part of the application packet acknowledging your obligations and responsibilities for obtaining these funds.

GCC 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 a minimum of five days' notice prior to the start of the class to receive a refund.

In the event GCC Workforce Services has to cancel a class, the applicant will be given the option of moving to another section of the same class or receiving a refund. Any financial assistance award refund will revert to GCC Workforce Services.

Contact Information and Questions

For general questions, you can contact our office at gccworkforce@germanna.edu, or call **(540) 891-3012**, or stop by our office at the Fredericksburg Area Campus, 10000 Germanna Point Drive, Fredericksburg, VA 22408.

GCC WCG FANTIC Application Packet

Only fully completed applications will be reviewed/considered. All required documentation must be provided with your application before the start of class, except for the Tax Return Transcript which may be submitted up to 3 business days past the start date of the class.

PERSONAL INFORMATION

TODAY'S DATE: _____

APPLICANT NAME: FIRST: _____ MI: _____ LAST: _____

STREET ADDRESS / PO BOX: _____ APT# _____

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

SOCIAL SECURITY NUMBER: _____ DATE OF BIRTH: _____

DAYTIME PHONE NUMBER: _____ EMAIL: _____

HIGHEST EDUCATION ATTAINED: Some High School High School Graduate/GED
 Some College/Trade School Associate/Trade School Degree
 Bachelor's Degree Master's Degree Ph.D or Ed.D

Prequalifying Questions:

Please answer questions A-D to help us determine if **WCG FANTIC** is appropriate for you.

- A. **Are you a veteran** who is eligible for GI Bill funding? Yes No
- B. Are you **currently unemployed**? Yes No
- If you answer yes, please answer the following question:*
- 1) Are you eligible for or receiving unemployment benefits? Yes No
- C. If you are employed, **were you laid off in the last 20 months and currently in an interim or temporary position?** Yes No
- D. Are you **receiving any other tuition assistance** from other sources? Yes No

If you answer YES to any of the above questions, we need to first determine if you may be eligible for other funding options.

1. Are you **currently enrolled in an Associate or Bachelor's degree program?** Yes No

If currently enrolled, please complete the following:

Name of Institution: _____

Address: _____

City/State/Zip Code: _____

Telephone: _____

Program of Study: _____

Expected Completion Date: _____

2. Have you registered for Selective Services **in compliance with the Selective Service Act?**
 Yes No Female Applicant (SSA does not apply)

3. **Identification:** Official Photo-ID such as driver's license.
4. **Proof of Virginia Residency:** You must be a **resident of the Commonwealth of Virginia** for a minimum of twelve (12) months, and demonstrate proof of residency with **one** of the following:
- Hold a Virginia driver's license or Virginia DMV ID.
 - Filed a Virginia tax return within the last twelve (12) months.
 - Be registered to vote in Virginia.
 - Own or operate a motor vehicle registered in Virginia.
 - One of the following documents with the **applicant's name and address preprinted on the document.**
 - Utility Bill Housing Contract Voter Registration Card
 - Rent Receipt Bank Statement
5. Did you move to Virginia from another state for the purpose of attending school? Yes No
6. **Age Verification:** One of the following legal documents that shows your date of birth:
- Birth Certificate State-Issued ID
 - Passport Valid Driver's License
7. **Financial Need Verification** (Select Option 1 **or** 2 to verify financial need based on household income)
- OPTION 1: SNAP or TANF eligibility**
- Current/Active **SNAP Card** (Supplemental Nutrition Assistance Program) Current/Active **TANF Card** (Temporary Assistance for Needy Families)
 - Current Documentation stating current eligibility for either SNAP or TANF
- OPTION 2: Household Income**
- Is anyone claiming the applicant as a dependent** on their tax return? Yes*
 No
* If applicant answers Yes, the Tax Return Transcript submitted must be from the tax return they are claimed on, not the applicant's tax return.
 - 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 the most recent tax return of the person that can claim me.
 - I have applied for a Tax Return Transcript** from the most recent tax return of the person that can claim me.

Based on (1) the Family Size of your household (Exemptions), and (2) **ADJUSTED GROSS INCOME** on your **IRS Tax Return Transcript**, we will use the following table to determine your financial eligibility. Please see the table below for eligibility:

Family Size	Adjusted Gross Income (AGI)	Family Size	Adjusted Gross Income (AGI)
1 person	\$23,540	5 people	\$56,820
2 people	\$31,860	6 people	\$65,140
3 people	\$40,180	7 people	\$73,460
4 people	\$48,500	8 people	\$81,780

8. Select 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.

	PROGRAM NAME	CERTIFYING ORGANIZATION
<input type="checkbox"/>	CompTIA A+	CompTIA
<input type="checkbox"/>	Core-Introductory Craft Skills	National Center for Construction Education and Research (NCCER)
<input type="checkbox"/>	VDOT Asphalt Field Level 1	Virginia Department of Transportation
<input type="checkbox"/>	VDOT Asphalt Plant Level 1	Virginia Department of Transportation
<input type="checkbox"/>	Commercial Driver's License (CDL)	Virginia Department of Motor Vehicles
PROGRAM START DATE:		

What are your career goals?

APPLICANT NAME

APPLICANT SIGNATURE

APPLICANT MEMORANDUM OF UNDERSTANDING (MOU)

I understand and fully agree with each of the following conditions associated with applying for and receiving funding for the **WCG Financial Aid for Non Credit Training Leading to Industry Credentials**:

1. I have accurately and truthfully completed this application for WCG Financial Aid for Non Credit Training Leading to Industry Credentials (FANTIC), and have been evaluated/disqualified for all other forms of financial assistance including, but not limited to, Veteran's GI Benefits and WIOA Funding. Failure to fully disclose information or false statements/information will disqualify me from consideration.
2. I understand the purpose of this funding is to financially assist me to gain the knowledge **AND the applicable industry recognized credential or license**. Seeking the applicable credential or license, whether it is incorporated in my program or requires me to obtain the certification at additional cost to myself is an **expectation** for accepting these funds.
3. I understand that, if approved for this funding, I will be responsible for paying a minimum of 10% of the student portion of the cost of the program at time of registration as well as providing all required documentation. The remaining cost of tuition, up to a maximum of 90%, will be covered by the WCG Financial Aid for Non Credit Training Leading to Industry Credentials (FANTIC). Any additional costs required for credential/license attainment not included in the cost of the program are **solely my responsibility**.
4. I understand that I am responsible for successfully obtaining my industry credential/license.
5. It is my obligation to present validation documentation of my industry credential/license to the GCC Workforce Services office.
6. I understand my obligation to attend all scheduled classes since absences may compromise my success and ability to acquire the necessary information, training and preparation for certification. I will make the commitment necessary to successfully complete the program requirements and will promptly seek the related credential/license.
7. I understand that as part of the **Workforce Credential Grant** expectation, if I fail to successfully complete the class, I will be responsible for the amount received from FANTIC **plus** an additional 1/3 of the cost of my program.
8. I understand there are no job guarantees expressed or implied and the responsibility for finding employment is solely my own.
9. I understand GCC Workforce Services may share my information with other supporting agencies.
10. I agree to respond promptly to requests for information related to this agreement and/or the class if contacted before, during, or after the class and to provide GCC Workforce Services with a current/updated daytime phone number and email.
11. I agree to provide information needed to complete the follow-up documentation in a timely manner. If a third party credential or license is attained, I will provide documentation of the credential/license within 90 days of completing the Workforce Services program.

I understand and fully agree to abide by the conditions of the MOU's contractual, financial, and credential/license obligations as stated above in consideration for receiving GCC WCG FANTIC Assistance:

THIS SECTION TO BE COMPLETED BY WORKFORCE SERVICES REPRESENTATIVE			
PROGRAM SELECTION: _____		APPLICANT'S RESPONSIBILITY	
		(MINIMUM OF 10% of 1/3 of	
TOTAL PROGRAM COST: \$ _____		the Total cost)	\$ _____
CERTIFICATION:	<input type="checkbox"/> Included in Program Cost	* Estimated Additional Cost to Applicant for Certification	\$ _____
	<input type="checkbox"/> Not Included in Program Cost *	ESTIMATED OUT OF POCKET EXPENSE TO APPLICANT	\$ _____

APPLICANT SIGNATURE _____

DATE _____

Official REVIEWER USE below this line.

INITIAL APPLICATION SUBMISSION DATE: _____ COMPLETE INCOMPLETE (Note below)

Initial Notes: _____

Application Review

REVIEWED BY _____

Documentation:

- Application is complete with all necessary boxes checked and information provided
Selective Service Verification: Compliant Non-Compliant / Print out **Verification**
- Verify that all documentation indicated in application is enclosed
- Cost Breakdown Section is complete prior to signature
- Applicant has signed and dated
- Application entered on **Financial Assistance Spreadsheet**
- Letter of Appeal submitted (if needed)
- Documentation to Support Letter of Appeal submitted (if needed)

Approval Disposition

- Tentatively Approved** _____ Program _____
- Approved** with standard documentation
- Approved** with Letter of Appeal
- Declined:** REASON: _____
DATE APPLICANT NOTIFIED _____

Registration

- Registered for Program / Class _____

Staff Information / Notes:

.....

.....

.....

.....

.....

.....

.....

.....