



**Continuing Education Use Only**

Contract # \_\_\_\_\_

Day \_\_\_\_\_ Time \_\_\_\_\_

**Continuing Education Financial Assistance Application**  
Applicant to Complete and Return to Continuing Education Staff Only

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

1. Street Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Home (\_\_\_\_) \_\_\_\_\_ Work \_\_\_\_\_

2. Student ID# or Last 4 digits of SSN: \_\_\_\_\_ Date of Birth month/day/year: \_\_\_\_\_

3. Please indicate which class you are requesting assistance for and the date the class begins.

Class title: \_\_\_\_\_ Date class starts: \_\_\_\_\_ Rocky Mount  Tarboro

4. List high school or college last attended and dates of attendance or graduation:

6. Please identify which of the items below apply to you:

\_\_\_\_\_ employed, Full-Time \_\_\_\_\_ employed, Part-time

\_\_\_\_\_ unemployed, if unemployed, please provide: last day worked \_\_\_\_\_

- last employer & employer location \_\_\_\_\_

\_\_\_\_\_ working and eligible for federal earned income tax credit (see back)

- number of dependents living in your household? \_\_\_\_\_

\_\_\_\_\_ working and earning wages at or below two hundred percent (200%) of the federal poverty guidelines (see back)

\_\_\_\_\_ received continuing education financial aid in the past at ECC

I have read and fully understand the information in the application for continuing education assistance application and certify that the above information is true. I understand that contacts will be made with my instructors to insure I have attended the class appropriately and I am making satisfactory progress. I realize I must satisfactorily complete the requirements for the course. If I fail to complete the course or fail the course, I may not be considered for future grant assistance in Continuing Education programs at ECC. I understand if the grant assistance is not approved, I will be responsible for paying any charges for the class at ECC. As a condition of receiving tuition assistance from Project Skill-Up, participants must submit a short statement at the completion of the program describing how the program has impacted their training and/or employment goals. I will comply with this condition.

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

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Student Datatel ID # \_\_\_\_\_

Tuition \$ \_\_\_\_\_ Fees \$ \_\_\_\_\_ Book \$ \_\_\_\_\_

ECC Outstanding Balance  YES  NO

Has student been enrolled before? Yes \_\_\_ No \_\_\_ If yes, was their performance satisfactory? Yes \_\_\_ No \_\_\_

Previous Financial Assistance  YES  NO If yes, Name of Class & date \_\_\_\_\_

Comments \_\_\_\_\_

Continuing Education Staff \_\_\_\_\_ Date \_\_\_\_\_

Approved \_\_\_\_\_ Denied \_\_\_\_\_ Signature: Vice President of Student Services \_\_\_\_\_

Total Request for Financial Assistance Approved \$ \_\_\_\_\_

Comments: \_\_\_\_\_

Utilized/Forwarded to Business Office \_\_\_\_\_ Date \_\_\_\_\_ Financial Aid Posted \_\_\_\_\_ Date \_\_\_\_\_



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**Federal Earned Income Tax Credit**

SOURCE: retrieved October 8, 2012

**Preview of 2012 Tax Year**

Earned Income and adjusted gross income (AGI) must each be less than:

- \$45,060 (\$50,270 married filing jointly) with three or more qualifying children
- \$41,952 (\$47,162 married filing jointly) with two qualifying children
- \$36,920 (\$42,130 married filing jointly) with one qualifying child
- \$13,980 (\$19,190 married filing jointly) with no qualifying children

**200% of the Federal Poverty Guidelines**

SOURCE: retrieved October 8, 2012

[Federal Guidelines](#)

Family unit	200% of Poverty Guidelines
1	\$22,340
2	\$30,260
3	\$38,180
4	\$46,100
5	\$54,020
6	\$61,940
7	\$69,860
8	\$77,780
For each additional person add	\$7,920