



Corporate and Community Education Division APPLICATION FOR FINANCIAL ASSISTANCE

**NOTE: Financial Assistance is for registration/insurance fees or assessment fees only.
Books are the responsibility of the student.**

To qualify for assistance with a course, all areas of this form must be completed:

This request is to pay for High School Equivalency, Career Readiness Certificate, or an Occupational Program enrollment.

If request is for an occupational program, what is the occupational course you want to take?

1. Must be underemployed or unemployed.
2. Have you received funds to help pay for a class in the last year? Yes No
3. If yes, indicate the course name, course date and fund used: _____
4. These funds should only be requested if you have no other way to pay for the course AND this course is essential for you to gain or keep a job. What is your reason for requesting these funds and why are you unable to pay for the course?

I am requesting funds to pay for the following course or assessment:

5. Course/Assessment: _____ 6. Date: _____

7. I need assistance with: Registration Insurance

8. Student Name: _____

9. Address: _____

10. Last 4 SSN: _____ 11. Home/Cell Phone: _____

12. Work Phone: _____

I affirm that I am this person by filling in my name below, and that I am requesting financial assistance to further my education:

Student Signature (Print your name)

Date

Office Use Only			
Contract # _____	Registration: \$ _____	Insurance: \$ _____	Assessment: \$ _____
Approved _____		Not Approved _____	
_____	_____	_____	_____
Program Coordinator Signature	Date	Vice President, CCED	Date