

**North Carolina Community Colleges  
Governor's Emergency Education Relief II  
(GEER II)  
2022-2023 Student Application**

*Instructions: Complete this application and return the completed application to the Program Coordinator/Director or e-mail to [ccdregistration@carteret.edu](mailto:ccdregistration@carteret.edu)*

**Personal Information:**

Full Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Mobile number: \_\_\_\_\_

**Educational Information:**

College you are attending: \_\_\_\_\_

Occupational Continuing Education Student (*must be enrolled in a credentialing program of at least 96 hours.*)

Select the Pathway you are enrolled in:

- |   |   |
|---|---|
| <input type="checkbox"/> Automotive                 | <input type="checkbox"/> Healthcare               |
| <input type="checkbox"/> Aircraft Maintenance       | <input type="checkbox"/> Industrial/Manufacturing |
| <input type="checkbox"/> Construction               | <input type="checkbox"/> Information Technology   |
| <input type="checkbox"/> Criminal Justice           | <input type="checkbox"/> Transportation           |
| <input type="checkbox"/> Emergency Medical Services | <input type="checkbox"/> Fire and Rescue Services |
| <input type="checkbox"/> Marine Trades              |   |

Course you are enrolled in: \_\_\_\_\_

**Other Questions:**

Have you or members of your family been directly or indirectly affected by COVID-19?  
\_\_\_\_ Yes      \_\_\_\_ No

If yes, how? \_\_\_\_\_

**I have read and understand the requirements for assistance. I hereby declare that the information provided on this form is complete and correct to the best of my knowledge. I affirm that I am the person requesting assistance for the above-named class.**

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Use of Funds:**

Tuition \_\_\_\_\_ Fees \_\_\_\_\_ Books \_\_\_\_\_ Supplies \_\_\_\_\_ Credentialing Exams \_\_\_\_\_

Transportation \_\_\_\_\_ Childcare \_\_\_\_\_

Approved: \_\_\_\_\_ Date: \_\_\_\_\_