Edgecombe COMMUNITY COLLEGE

Continuing Education Use Only
Contract #_____
Day_____Time_____

Continuing Education Financial Assistance Application

Applicant to Complete and Return to Continuing Education Staff Only

1. **Last Name:**_____**First Name:**_____**Middle:**_____

2. **Street Address:**_____**City**_____**Zip**_____
   Telephone: (_____)_____**Home (_____)**_____**Work**

3. **SSN or Student ID#:**_____ **Date of Birth month/day/year):**_____

4. **Please indicate which class you are requesting assistance for and the date the class begins**
   Class title:_____ **Date class starts:**_____ **Rocky Mount** ☐ **Tarboro** ☐

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

_____

_____

6. **Please identify which of the items below apply to you:**
   - _____ **are unemployed**
   - _____ **have received notification of pending layoff**
   - _____ **are working and eligible for federal earned income tax credit (see back)**
   - _____ **are working and earning wages at or below two hundred percent (200%) of the federal poverty guidelines (see back)**
   - _____ **are currently receiving financial aid for other courses**
   - _____ **have received continuing education financial aid in the past at ECC**

7. **Are there any other reasons you should be considered for this assistance: (Explain)**

_____

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.

_____ _____
Signature of Applicant **Date**

For Continuing Education Use Only

Student Datatel ID #_____ **Tuition$**_____**Other Charges$**_____**Book Fee$**_____
ECC Outstanding Balance ☐**YES** ☐**NO**
Total Request for Financial Assistance Approved by Continuing Education $_____
Comments_____

_____

Continuing Education Staff _____**Date**_____

For Financial Aid Use Only

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**_____
Approved_____**Denied**_____**Signature VP of Student Services**_____
Comments:_____

_____

Utilized/Forwarded to Business Office_____**Date**_____**Financial Aid Posted**_____**Date**_____

Federal Earned Income Tax Credit

SOURCE: retrieved May 12, 2011

http://www.irs.gov/individuals/article/0,,id=150513,00.html

2010 Tax Year

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

- $43,352 ($48,362 married filing jointly) with three or more qualifying children
- $40,363 ($45,373 married filing jointly) with two qualifying children
- $35,535 ($40,545 married filing jointly) with one qualifying child
- $13,460 ($18,470 married filing jointly) with no qualifying children

200% of the Federal Poverty Guidelines

SOURCE: retrived May 12, 2011

http://www.universalservice.org/_res/documents/li/pdf/Income_Requirements.pdf

Family unit	200% of Poverty Guidelines
1	$21,780
2	$29,420
3	$37,060
4	$44,700
5	$52,340
6	$59,980
7	$67,620
8	$75,260
For each additional person add	$7,640

Rev. 031512