



## AGREEMENT FOR OPEN ENROLLMENT PARTICIPATION IN THE WORKFORCE CREDENTIAL GRANT

Today's Date: \_\_\_\_\_

I, \_\_\_\_\_, am enrolling in: \_\_\_\_\_, as part of the New Economy Workforce Credential Grant Program (WCG). As a condition to receiving a grant, I agree to the following terms and conditions:

### FOR STUDENTS RESPONSIBLE FOR PAYING FOR THEIR COURSE:

If I do not successfully complete the course by earning an "S" grade within thirty (30) days of the course end date, I agree to pay an additional 1/3 of the total course cost to: Blue Ridge Community College. If I earn an "S" grade within thirty (30) days of the program end date, I will not have any further financial obligations to the College for this course.

If I must pay an additional amount, I understand and agree to the following terms:

- A. I agree that I must pay all the money I owe to the College, although there may be reasons under the law that would reduce the amount that I owe. I also agree not to claim that I do not owe the money to the College. This means that homestead and all other exemptions, presentations, demand, protest and notice of dishonor are hereby waived by the undersigned.
- B. If the College does not receive payment within the timeframe noted in the College policy, I understand and agree that the Commonwealth will take all actions, including debt set-off, to collect the money I owe to the College.
- C. I also agree to pay all associated collection costs and/or attorney's fees if necessary to collect the money I owe to the College.

### FOR STUDENTS WHOSE COMPANY IS PAYING FOR THEIR COURSE:

I understand in the case where the College has an agreement with my employer and/or sponsor covering my specific participation in this New Economy Workforce Credential Grant Program (WCG) course, I will not be responsible for the additional 1/3 of the total course cost should I not successfully complete the course by earning an "S" grade within thirty (30) days of the course end date. I acknowledge and understand that I may owe my employer and/or sponsor the additional 1/3 of the total course cost under a separate agreement or other arrangement if I do not successfully complete the course. I further acknowledge and understand that the College will bill my employer and/or sponsor the additional 1/3 of the total cost if I do not successfully complete the course by earning an "S" grade within thirty (30) days of the course end date. Accordingly, I hereby consent to the disclosure of my final grade to my employer and/or sponsor if it is necessary for the College to receive the final 1/3 of the total course cost or for any other legitimate educational reason related to the WCG course.

### FOR ALL STUDENTS:

1. I understand the purpose of the WCG is to financially assist me to gain the knowledge AND the applicable industry recognized credential or licensure. Therefore, I agree to seek the applicable credential or licensure associated with my program whether it is incorporated into the program cost or requires me to obtain the credential or licensure

at an additional cost. I also agree to provide proof of my satisfactory completion of that credential or licensure to the College.

2. I understand that my social security number is required in order to maintain enrollment in this class. My social security number is being collected in accordance with federal and state law, and to claim the tax refund and other applicable state refunds and payments in cases where I must pay the College; for debtor information and skip-tracing; and to track and report the number of students who attain noncredit workforce credentials and other outcomes under this WCG.
3. I am 18 years or older. If I am under 18 years old, a parent or legal guardian has completed this agreement on my behalf.
4. By reading and responding to the following questions, I will agree to the above terms and conditions of this agreement. I understand that I may sign this agreement by hand and may do so by contacting the College.
5. I agree to the withdrawal, refund, repeat, completion, and non-completion procedures at the College.
6. I understand that I may file a complaint(s) using the procedures established by the College.
7. Virginia "domicile" means that you have lived in Virginia and intended to stay here indefinitely for at least one year prior to the date of this application. I understand that I must be domiciled in Virginia to receive the discount applied to this course. If I do not have domicile in Virginia, I will pay the full cost of the course, which is equal to three times the amount paid at initial enrollment.
8. I have not previously enrolled in and successfully passed this training program at a Virginia Community College. If I have previously enrolled in and successfully passed this training program at a Virginia Community College, I understand that I am not eligible to receive WCG funding for this training program and agree to pay an additional 2/3 of the total course cost to the community college where I am now enrolling.

**PLEASE RESPOND WITH YOUR INITIALS AS INDICATED:**

- A. I have read and understand the terms and conditions of the agreement. Type your initials here: \_\_\_\_\_
- B. I agree to the above terms and conditions of the agreement. Type your initials here: \_\_\_\_\_
- C. I understand that I have the option to sign this document by hand. Type your initials here: \_\_\_\_\_
- D. I agree to sign the agreement electronically. Type your initials here: \_\_\_\_\_

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Signature Name (please print) Date

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Parent/Guardian Signature Name (please print) Date

# DOMICILE DETERMINATION FORM



All students taking credit classes must complete the Domicile Determination Form.

Eligibility for in-state tuition is pursuant to Section 23-7.4, Code of Virginia. Please contact the college admissions office if you have any questions.

Mark the domicile category that applies to you below from choices 1-6. Choose only one category.

- |  |   |
|--|---|
| <p><input type="checkbox"/> 1. Self: I am <u>age 24 or older</u> and want to claim eligibility based on my own domicile.</p> <p><input type="checkbox"/> 2. Self: I am <u>under age 24</u> and want to claim eligibility based on my own domicile for the following reason(s):</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> I am a veteran or active duty member of the U.S. Armed Forces.</li> <li><input type="checkbox"/> Both of my parents are deceased and I have no adoptive or legal guardian.</li> <li><input type="checkbox"/> I have legal dependents other than my spouse.</li> <li><input type="checkbox"/> I am financially self-sufficient.</li> <li><input type="checkbox"/> I am a ward of the court or was a ward of the court until age 18.</li> <li><input type="checkbox"/> I have a bachelor's degree and I am working on a graduate degree.</li> <li><input type="checkbox"/> I am married.</li> </ul> | <p><input type="checkbox"/> 3. Spouse: I am <u>age 24 or older</u> and want to claim eligibility for in-state tuition based on my spouse's domicile.</p> <p><input type="checkbox"/> 4. Spouse: I am <u>under age 24</u> and I want to claim eligibility for in-state tuition based on my spouse's domicile.</p> <p><input type="checkbox"/> 5. Parent: I am <u>under age 24</u> and my parents provide more than half of my financial support and/or claim me as a dependent for tax purposes.</p> <p><input type="checkbox"/> 6. Legal Guardian: I am <u>under age 24</u> and my court-appointed legal guardian provides more than half of my financial support and/or claims me as a dependent for tax purposes.</p> |
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You may be required to supply "clear and convincing evidence" of your status.

If you marked box 1 or 2, please complete Section A below.

If you marked box 3, 4, 5, or 6, please complete Section B below.

A. Applicant's Information	B. Parent, Legal Guardian, or Spouse's Information
<p>1. Applicant's Name: _____  <div style="display: flex; justify-content: space-between; width: 100%; font-size: small;"> <span>First</span> <span>Middle (Full)</span> <span>Last</span> </div>   Date of birth: _____  <div style="display: flex; justify-content: space-between; width: 100%; font-size: x-small;"> <span>(mm)</span> <span>(dd)</span> <span>(yy)</span> </div> </p>	<p>1. Provide the name of the person upon whom you are basing your domicile: _____  <div style="display: flex; justify-content: space-between; width: 100%; font-size: small;"> <span>First</span> <span>Middle (Full)</span> <span>Last</span> </div> </p>
<p>2. Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No (if "Yes" skip to question #3)  If "No," are you a permanent resident? <input type="checkbox"/> Yes <input type="checkbox"/> No  If "Yes," what is your "A number"? _____  If "No," what is your immigration status? _____</p>	<p>2. Using the above person's information, answer the questions below.  Is the above person a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No (if "Yes" skip to question #3)  If "No," is he/she a permanent resident? <input type="checkbox"/> Yes <input type="checkbox"/> No  If "Yes," what is his/her "A number"? _____  If "No," what is his/her immigration status? _____</p>
<p>3. Are you on active duty in the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No  If "Yes," is Virginia listed as the Tax State on your Leave and Earning Statement? <input type="checkbox"/> Yes <input type="checkbox"/> No  Date of Entry: _____  <div style="text-align: center; font-size: x-small;">mm/dd/yyyy</div> Official Duty Station: _____  <div style="text-align: center; font-size: x-small;">State</div> Reporting Date: _____ Duration of Orders: _____  <div style="display: flex; justify-content: space-between; width: 100%; font-size: x-small;"> <span>mm/dd/yyyy</span> <span>mm/dd/yyyy</span> </div> </p>	<p>3. Is the above person on active duty in the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No  If "Yes," is Virginia listed as the Tax State on his/her Leave and Earning Statement? <input type="checkbox"/> Yes <input type="checkbox"/> No  Date of Entry: _____  <div style="text-align: center; font-size: x-small;">mm/dd/yyyy</div> Official Duty Station: _____  <div style="text-align: center; font-size: x-small;">State</div> Reporting Date: _____ Duration of Orders: _____  <div style="display: flex; justify-content: space-between; width: 100%; font-size: x-small;"> <span>mm/dd/yyyy</span> <span>mm/dd/yyyy</span> </div> </p>
<p>4. Are you the dependent of an active duty member in the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No  If "Yes," is Virginia listed as the Tax State on your Leave and Earning Statement? <input type="checkbox"/> Yes <input type="checkbox"/> No  Date of Entry: _____  <div style="text-align: center; font-size: x-small;">mm/dd/yyyy</div> Official Duty Station: _____  <div style="text-align: center; font-size: x-small;">State</div> Reporting Date: _____ Duration of Orders: _____  <div style="display: flex; justify-content: space-between; width: 100%; font-size: x-small;"> <span>mm/dd/yyyy</span> <span>mm/dd/yyyy</span> </div> </p>	<p>4. Is the above person married to an active duty member of the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No  If "Yes," is Virginia listed as the Tax State on the Leave and Earning Statement? <input type="checkbox"/> Yes <input type="checkbox"/> No  Date of Entry: _____  <div style="text-align: center; font-size: x-small;">mm/dd/yyyy</div> Official Duty Station: _____  <div style="text-align: center; font-size: x-small;">State</div> Reporting Date: _____ Duration of Orders: _____  <div style="display: flex; justify-content: space-between; width: 100%; font-size: x-small;"> <span>mm/dd/yyyy</span> <span>mm/dd/yyyy</span> </div> </p>

A. Applicant's Information	B. Parent, Legal Guardian, or Spouse's Information
<p>5. Are you retired from the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No  Were you discharged from the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No  If "Yes," date of discharge/retirement? _____  mm/dd/yyyy  Tax State on LES prior to discharge/retirement: _____  Tax State</p>	<p>5. Is the above person retired from the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No  Is the above person discharged from the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No  If "Yes," date of discharge/retirement? _____  mm/dd/yyyy  Tax State on LES prior to discharge/retirement: _____  Tax State</p>
<p>6. Are you the dependent of someone retired from the U.S. Armed Forces?  <input type="checkbox"/> Yes <input type="checkbox"/> No  Are you the dependent of someone discharged from the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No  If "Yes," date of discharge/retirement? _____  mm/dd/yyyy  Tax State on LES prior to discharge/retirement: _____  Tax State</p>	<p>6. Is the above person a dependent of someone retired from the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No  Is the above person a dependent of someone discharged from the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No  If "Yes," date of discharge/retirement? _____  mm/dd/yyyy  Tax State on LES prior to discharge/retirement: _____  Tax State</p>
<p>7. Have you lived in Virginia for the last 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No  If "No," list address(es) for the last 24 months  From Date _____ To Date _____  Address _____  City State Country  From Date _____ To Date _____  Address _____  City State Country</p>	<p>7. Has the above person lived in Virginia for the last 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No  If "No," list address(es) for the last 24 months  From Date _____ To Date _____  Address _____  City State Country  From Date _____ To Date _____  Address _____  City State Country</p>
<p>8. For the last 12 months, which of the following applies to you:  <input type="checkbox"/> paid Virginia income taxes on all earned income  <input type="checkbox"/> filed as a resident in another state (list state) _____  <input type="checkbox"/> filed as a resident in Virginia and as a non-resident in another state (list state) _____  <input type="checkbox"/> was a resident in a state without income tax (list state) _____  <input type="checkbox"/> had no taxable income</p>	<p>8. For the last 12 months, which of the following applies to the above person:  <input type="checkbox"/> paid Virginia income taxes on all earned income  <input type="checkbox"/> filed as a resident in another state (list state) _____  <input type="checkbox"/> filed as a resident in Virginia and as a non-resident in another state (list state) _____  <input type="checkbox"/> was a resident in a state without income tax (list state) _____  <input type="checkbox"/> had no taxable income</p>
<p>9. For the past twelve months, have you lived out-of-state, worked in Virginia, and paid Virginia income taxes on at least \$14,500 of earned income? <input type="checkbox"/> Yes <input type="checkbox"/> No  If "Yes," list state _____</p>	<p>9. For the past twelve months, has the above person lived out-of-state, worked in Virginia, and paid Virginia income taxes on at least \$14,500 of earned income? <input type="checkbox"/> Yes <input type="checkbox"/> No  If "Yes," list state _____</p>
<p>10. For the past 12 months, have you:  held a Virginia Driver's license or Virginia DMV ID? <input type="checkbox"/> Yes <input type="checkbox"/> No  If "No," has the applicant held a Driver's license or DMV ID to any other state? <input type="checkbox"/> Yes (List state) _____ <input type="checkbox"/> No  owned or operated a motor vehicle registered in Virginia? <input type="checkbox"/> Yes <input type="checkbox"/> No  If "No," has the applicant owned or operated a motor vehicle registered in any other state? <input type="checkbox"/> Yes (List state) _____ <input type="checkbox"/> No  been registered to vote in Virginia? <input type="checkbox"/> Yes <input type="checkbox"/> No  If "No," has the applicant been registered to vote in another state?  <input type="checkbox"/> Yes (List state) _____ <input type="checkbox"/> No</p>	<p>10. For the past 12 months, has the above person:  held a Virginia Driver's license or Virginia DMV ID? <input type="checkbox"/> Yes <input type="checkbox"/> No  If "No," has the applicant held a Driver's license or DMV ID to any other state? <input type="checkbox"/> Yes (List state) _____ <input type="checkbox"/> No  owned or operated a motor vehicle registered in Virginia? <input type="checkbox"/> Yes <input type="checkbox"/> No  If "No," has the applicant owned or operated a motor vehicle registered in any other state? <input type="checkbox"/> Yes (List state) _____ <input type="checkbox"/> No  been registered to vote in Virginia? <input type="checkbox"/> Yes <input type="checkbox"/> No  If "No," has the applicant been registered to vote in another state?  <input type="checkbox"/> Yes (List state) _____ <input type="checkbox"/> No</p>

Please note: If you knowingly provide erroneous information to evade payment of out-of-state tuition and fees, you will be charged out-of-state tuition and fees for each term attended and may be subject to dismissal. Random audits of this information will be performed. I certify under penalty of disciplinary action that all of the information is complete and accurate. I agree to supply the college with supporting documentation related to my application, if I am requested to do so.

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

\_\_\_\_\_  
Signature of Parent, Legal Guardian (If under 24 years old), or Spouse Date