North Carolina Community Colleges Short-Term Workforce Development (STWD) Grant 2024-2025 Student Application

Instructions: Complete this application and return the completed application to the college's Financial Aid Office or Workforce Continuing Education Department.

Eligibility Criteria:

Applicant's Signature: _____

At a minimum, eligible students applying for this grant must be:

- 1) A resident of North Carolina as outlined in <u>G.S. 116-143.1</u> and following the coordinated and centralized residency determination process administered by the State Education Assistance Authority known as <u>NC Residency Determination Service (RDS)</u>.
- 2) A Student enrolling in Workforce Continuing Education (WCE) pathways/course(s) leading to an N.C. Workforce Credential identified as either Essential or Career Level. These pathways may consist of a single WCE course or a series of courses. The list of eligible credentials is available at https://nccareers.org/credentials.

| Applicant Information: | | |
|--------------------------------------|--------------------------------------|----------------------------------|
| Full Name: | | |
| | | |
| City: | State: | Zip Code: |
| | | |
| Phone Number: | Mobile Number: | |
| Residency Determination: | | |
| Before submitting this applica | ation, you must complete resi | idency determination via |
| https://ncresidency.cfnc.org/ | <u>/residencyInfo/</u> and be determ | nined to be a resident of North |
| Carolina. Upon completing th | nis step, you will be provided a | a Residency Certification Number |
| ("RCN"), which must be prov | ided below. | |
| Residency Certification Nur | mber ("RCN"): | _ |
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| Education Program Information: | | |
| | | |
| | suing: | |
| | o enroll or are already register | |
| | C-3938 Basic Law Enforceme | nt Iraining) |
| 2 | | |
| 3 | | |
| Application Attestation: | | |
| I have read and understand the requi | rements for assistance. I atte | st that the information provided |
| on this form is complete and correct | to the best of my knowledge. | |
| | | |

Date: _____