WESTERN PIEDMONT COMMUNITY COLLEGE

Human Resources Development Registration Form 2024

For Office Use Only

Student ID: _____

Reg. Tech Initial _____

Last Name: _____ First Name: _____ Middle Initial: _____

Address: _____

City: _____ State_____ Zip Code: _____ County: _____

Home Phone: _____ Work Phone: _____ Cell: _____

Date of Birth: _____ Email: _____

***The following information is mandatory for ALL STUDENTS. Student cannot be registered without the provided information below.**

Employment Status:

- ☐ Retired
- ☐ Unemployed (Not Seeking)
- ☐ Unemployed (Seeking)
- ☐ Employed (1-10 hours per week)
- ☐ Employed (11-20 hours per week)
- ☐ Employed (21-39 hours per week)
- ☐ Employed (40+ hours per week)

High School Last Attend Date (Month/Year):_____

Highest Level of Education:

- ☐ GED Diploma
- ☐ High School Diploma
- ☐ Adult High School Diploma
- ☐ Vocational Diploma
- ☐ Associate Degree
- ☐ Bachelor's Degree or higher

HRD Course Information

Course Title: _____ Course Number: _____

Date(s): _____ Schedule Meeting Time: _____

HRD Tuition and Fee Waiver Verification Statement and Signature

The State Board of Community Colleges grants permission to waive tuition and fees for enrollment in classes coded in the Master Course List as Human Resources Development if the individual meets one of four criteria listed below: To receive this waiver, an individual must verify that he or she meets at least one of the criteria by completing and signing this form. Individuals not signing this form must pay the applicable fee to register for a Continuing Education Course.

I qualify for a tuition and fee waiver under the following criteria (PLEASE CHECK ONE OPTION)

_____ 1 = I am currently unemployed (*See reverse side for **required follow up** information)*

_____ 2 = I have received notification of a pending layoff (*See reverse side for **required follow up** information)*

_____ 3 = I am working & eligible for the Federal Earned Income Tax Credit (*See reverse side for **required follow up** information and calculation guidelines to determine eligibility)*

_____ 4 = I am working and earning wages at or below two hundred percent (200%) of the Federal Poverty Guidelines (*See reverse side for **required follow up** information and calculation guidelines to determine eligibility)*

Name:	SSN or Student ID:	Gender: ☐ Male ☐ Female

Ethnic Origin (check one): ☐ Hispanic (HIS) ☐ Non-Hispanic/Latino (NHS) If you selected NHS, please complete the following RACE section:	Race (Check one): ☐ Asian (AS) ☐ Caucasian (WH) ☐ African American (BL) ☐ Alaskan Native/American (AN) ☐ Hawaiian/Pacific Islander (HP

If you checked No. 1 on reverse side:
If unemployed, please give the name and location of the company last employing you and your last date of employment:

Company Name: _____

Location: _____ Last Date of Employment: _____

If you checked No. 2 on reverse side:
If you have received notification of a pending layoff, please give the name and location of the company:

Company Name: _____

Location: _____

If you checked No. 3 or 4 on reverse side:

Employer/Job Title	Start/End Date	Weeks Employed Per Year	Hourly Wage	Hours per Week	Number of dependents in your household	Comments

2024 HRD Tuition and Fee Waiver Guidelines

Federal Earned Income Tax Credit

Criteria	Earned Income Threshold
Individual	$18,591
Worker with one qualifying child	$49,084
Worker with two qualifying children	$55,768
Worker with three or more qualifying children	$59,899

Source: https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines

200% of the Federal Poverty Guidelines
(Actual Guidelines on Federal Register Listed at 100%)

Family Unit	200% of Poverty Guidelines
1	$30,120
2	$40,880
3	$51,640
4	$62,400
5	$73,160
6	$83,920
7	$94,680
8	$105,440
For each additional person, add $10,760	

Source:
https://aspe.hhs.gov/sites/default/files/documents/e03cb39a940516a81d5537829bad9430/guidelines-1983-2024.xlsx

If the student's charges are being paid by an outside organization, WPCC must have the student's consent to release their educational records including but not limited to, transcripts, student's identification numbers, course listings, and charges that have been authorized to be paid through an outside organization.

I certify that the information on this application is correct. I agree to abide by the rules, policies and regulations of the College during my enrollment at Western Piedmont Community College. I also verify that the information completed in regards to the HRD Tuition and Fee Waiver Verification is complete and accurate to the best of my knowledge. The college has my permission to release pertinent information on this form to appropriate college staff and, in the event of emergency or illness, I give permission to call a local physician, also if this class is for certification, by affixing my signature below, I grant permission to release the appropriate course information to the certifying agency.

Please be advised that WPCC cannot register you for any class if you have an outstanding debt with the college.

Student Signature: _____ Date: _____