

HRD REGISTRATION FORM



FOR OFFICE USE ONLY!

Student ID: _____

Reg Tech Initial/Date: _____

Fee Waived Amt: ___\$70 ___\$125 ___\$180

Last Name:		First Name:		Middle Initial:
Mailing Address:		City:	State:	Zip Code:
County:	Home Phone:	Work Phone:	Cell Phone:	
*Date of Birth:	Email Address:			
<i>(If you are at least 16 years of age and still enrolled in high school, you must have a dual enrollment form signed by your school principal to participate in this class.)</i> REGISTRATION WILL NOT BE PROCESSED WITHOUT THE REQUIRED FORM				

The following information is mandatory for ALL STUDENTS. IF THIS INFORMATION IS NOT PROVIDED, THE STUDENT CAN NOT BE REGISTERED FOR REQUESTED CLASSES/ES.

Employment Status: <input type="checkbox"/> (R) Retired <input type="checkbox"/> (UN) Unemployed – Not Seeking Employment <input type="checkbox"/> (US) Unemployed – Seeking Employment <input type="checkbox"/> (E1) Employed – 1-10 hours per week <input type="checkbox"/> (E2) Employed – 11-20 hours per week <input type="checkbox"/> (E3) Employed – 21-39 hours per week <input type="checkbox"/> (E4) Employed – 40+ hours per week	Month/Year last attended High School: _____ Highest level of education that you have COMPLETED (1-12): _____ Check any below that apply <input type="checkbox"/> (--) GED Diploma <input type="checkbox"/> (13) Adult High School Diploma <input type="checkbox"/> (14) Vocational Diploma <input type="checkbox"/> (15) Associate Degree <input type="checkbox"/> (16) Bachelor’s Degree <input type="checkbox"/> (17) Master’s Degree or Higher
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HRD Course Information:

Course Title	Course Number	Date (s)	Scheduled Meeting Time

HRD Tuition and Fee Waiver Verification and Statement HRD Student Profile (Please Complete the Appropriate Section)

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)–**Number of dependents in your household:** _____
- ___ 4=I am working & earn 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) – **Number of dependents in your household:** _____

Information in this area is for record keeping purposes only and will not be used in a discriminatory manner. However, this information is required for federal reports, state reports and state certification. After registration into your class, this information will be destroyed.

Name:	SSN or Student ID:	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male
Ethnic Origin: (Check one) <input type="checkbox"/> Hispanic (HIS) <input type="checkbox"/> Non-Hispanic/Latino (NHS)* If you select the NHS option, please complete the following RACE section:	Race: (Choose one) <input type="checkbox"/> Alaskan Native/American (AN) <input type="checkbox"/> Asian (AS) <input type="checkbox"/> African American (BL) <input type="checkbox"/> Caucasian (WH) <input type="checkbox"/> Hawaiian/Pacific Islander (HP)	

(Required information on the reverse side – Registration may not be processed if form is not fully completed)

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:

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:

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	Comments

2017 HRD Tuition and Fee Waiver Guidelines

Federal Earned Income Tax Credit

Criteria	Earned Income Threshold
Individual	\$15,010
Worker with one qualifying child	\$ 39,617
Worker with two qualifying children	\$ 45,007
Worker with three or more qualifying children	\$48,340

SOURCE: Retrieved February 16, 2017, from Internal Revenue Service Webpage <http://www.irs.gov/Individuals/Preview--EITC-Income-Limits>

200% of the Federal Poverty Guidelines

(Actual Guidelines on Federal Register listed at 100%)

Family Unit	200% of Poverty Guidelines
1	\$ 24,120
2	\$ 32,480
3	\$ 40,840
4	\$ 49,200
5	\$ 57,560
6	\$ 65,920
7	\$ 74,280
8	\$ 82,640

For each additional person, add \$8,360.

SOURCE: *Federal Register*, Vol. 82, No. 19, January 31, 2017, pp. 8831-8832. Retrieved from: <http://www.gpo.gov/fdsys/pkg/FR-2017-01-31/pdf/2017-02076.pdf>

If the student's charges will be 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:** _____