

FCCC Talent/Work Ready Student Grant Application

The Four County Adult Education Talent/Work Ready Student Grant is offered to students who exhibit financial need and enroll in programs of fewer than 900 hours that can lead to certification or a workforce credential in an in-demand job or career.

- Programs eligible include STNA, EMT, Firefighter 1&2, HVAC (must complete all 4 courses), and Welding.
- You must be a resident of Ohio to receive this grant.
- Male applicants over the age of 18 must have registered with the Selective Service.
- Applicants must complete the FAFSA at <https://studentaid.gov/h/apply-for-aid/fafsa> and use school code 040683.
- The awarding of this grant is conditional upon the student completing the program.
- Applications must be submitted **2 weeks before** the start date of the course.
- Students who withdraw or are dismissed before completion will NOT be eligible for the grant funds and will receive an invoice for the balance due.

Please provide the following information:

Student Name: _____

Address: _____

SSN: _____

Date of Birth: _____ Phone #: _____

Email Address: _____

Program you are applying for: _____

Program Start Date: _____

Payment Questions

1. Are you a self-pay student (paying with your funds with no reimbursement)? YES NO

2. Are you a Northwest State Community College nursing student? YES NO

3. Are you a Defiance College Student? YES NO

4. Are you being funded/sponsored by an organization? YES NO

If yes, what is the name of the organization? _____

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Grant awarded YES NO. Reason if NO:

Talent Ready or Work Ready. Amount Awarded:

Student Notified: YES NO. Reason if NO:

All questions below MUST be answered.

1. Write a few sentences explaining why you need this grant:

2. What is your average monthly household income? _____

3. How many people are in your household including yourself? _____

4. Is anyone in your household receiving any of the following benefits? (circle all that apply)
SNAP TANF WIC SSI Disability Unemployment

5. Are you a resident of Ohio? ___YES ___NO (photo ID required)

6. Are you a male 18 years of age or older? ___YES ___NO
If YES, have you registered with the Selective Service? ___YES ___NO
(Go to sss.gov/verify/ to verify registration)

Please read and initial each statement, and sign where indicated below.

Initials:

If I am awarded this grant, I agree to abide by all the conditions of this grant. I understand that **if I begin the program of study and then withdraw or am dismissed prior to completion, I will forfeit this grant and I will receive an invoice for the full course tuition.**

Initials:

If I am awarded this grant, I agree to promptly provide information about employment for 12 months following completion of the certificate program for which this grant has been made. The information will include employer, job title, and wage.

By signing this, I agree to the conditions above and I certify that all information listed on this application is true and accurate. I understand that such information is subject to verification and that further documentation may be requested.

Signature: _____ Date: _____