



Financial Aid for Non Credit Training
Leading to Industry Credentials (FANTIC)

Application & Checklist

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

EMPLID \_\_\_\_\_

APPLICANT INFORMATION

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street Address/PO Box: \_\_\_\_\_ Apt#: \_\_\_\_\_

Town/City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

PREQUALIFYING QUESTIONS

Answer questions A-B to help us determine if FANTIC is an appropriate funding source for you.

A. Are you currently enrolled in an associate or bachelor's degree program? [ ] Yes\* [ ] No
\*If yes, provide documentation that the training relates to the degree program and is necessary to meet a requirement of a job or advance employment success.

B. Are you or will you be receiving any tuition or training assistance from other sources for the program/training for which you are applying? [ ] Yes\* [ ] No

\*If yes, specify below which program/source:

- [ ] Workforce Innovation & Opportunity Act (WIOA) [ ] Federal Financial Aid
[ ] Virginia Initiative for Employment Not Welfare (VIEW) [ ] Employer Assistance
[ ] Virginia Department for Aging and Rehabilitative Services [ ] Other \_\_\_\_\_
[ ] Supplemental Nutrition Assistance Program Employment Training (SNAPET)
[ ] Virginia's Work Program for Temporary Assistance for Needy Families (TANF)

Attach copies of the following eligibility documents required for qualification for FANTIC:

- 1. Identification - Official photo ID such as driver's license
2. Citizenship Status - for non-U.S. citizens, please provide visa or other proof of status.
[ ] U.S. Citizen [ ] Temporary Visa: Please specify \_\_\_\_\_
[ ] Permanent Resident [ ] Other: Please specify \_\_\_\_\_
[ ] Political Asylum/Refugee
3. Proof of Virginia Residency - (Must provide one of the following with your name and address preprinted on the document to show Virginia residency for one year.)
[ ] Utility Bill [ ] Housing Contract [ ] Voter Card
[ ] Rent Receipt [ ] Preprinted Bank Statement [ ] Other \_\_\_\_\_
4. Age Verification - (Must be at least 18 years of age or older OR completed high school graduation requirements.)
[ ] Driver's License [ ] Birth Certificate [ ] State-Issued ID
[ ] Passport [ ] High School Transcript [ ] High School Diploma
5. Compliance with Military Selective Service Act - (Male students only)
I am in compliance with Selective Service Act requirements [ ] Yes [ ] No

6. **Highest Level of Education**
- |   |  |  |
|---|--|--|
| <input type="checkbox"/> No High School Diploma/GED | <input type="checkbox"/> Some college, no degree | <input type="checkbox"/> Master's Degree |
| <input type="checkbox"/> GED                        | <input type="checkbox"/> Associate Degree        | <input type="checkbox"/> Doctoral Degree |
| <input type="checkbox"/> High School Graduate       | <input type="checkbox"/> Bachelor's Degree       |  |

**FINANCIAL NEED VERIFICATION** (Please choose option 1 or 2)

**OPTION 1: SNAP** (Supplemental Nutrition Assistance Program) or **TANF** (Temporary Assistance for Needy Families)

Are you eligible for SNAP or TANF benefits?  Yes\*  No

*\*If Yes*, please provide one of the following:

- Current/Active **SNAP Card**
- Current/Active **TANF Card**
- Current documentation stating eligibility for either SNAP or TANF

**OPTION 2: HOUSEHOLD INCOME**

1. **Is anyone claiming you as a dependent** on their tax return?  Yes\*  No

*\*If yes*, the tax transcript submitted must be from the tax return they are claimed on, not your tax return.

2. **IRS Tax Transcript** (Check one)

To obtain your Tax Return Transcript go to IRS website (allow 10 business days to arrive in mail)

<https://www.irs.gov/individuals/get-transcript>

- I have attached** a **Tax Return Transcript** from my most recent tax return.
- I have applied** for a **Tax Return Transcript** from my most recent tax return.

3. What is your **annual gross household income?** (Rate of pay per hour x hours worked per year) \_\_\_\_\_

4. **Number of persons in family/household.** \_\_\_\_\_

**Applicant Application Checklist** – Check below to indicate that you have provided each of the following items:

- Completed each item on this form
- If necessary, provided documentation of eligible noncitizen status
- Attached documentation confirming Virginia residency
- Attached documentation of age or high school completion
- If applicable, attached documentation of SNAP or TANF
- Attached a copy of most recent Tax Return Transcript
- Promissory Note signed and dated

**Please provide additional information for clarification:**

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I certify that the information in this application is true and complete to the best of my knowledge and, if I later determine any information in this application to be represented incorrectly, I will contact the Workforce Development Office. I understand that I am responsible for paying 10% of the awarded amount at the time of registration.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date