

**North Carolina Community Colleges
Governor's Emergency Education Relief
(GEER)
2020-2021 Student Application**

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

Personal Information:

Full Name: _____

Home Address: _____

City, State, Zip Code: _____

E-Mail Address: _____

Phone Number: _____ Mobile number: _____

Educational Information:

College you are attending: _____

____ Occupational Continuing Education Student (*must be enrolled in a credentialing program of at least 96 hours.*)

Select the Pathway you are enrolled in:

- | | |
|---|---|
| <input type="checkbox"/> Automotive | <input type="checkbox"/> Healthcare |
| <input type="checkbox"/> Aircraft Maintenance | <input type="checkbox"/> Industrial/Manufacturing |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Information Technology |
| <input type="checkbox"/> Criminal Justice | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Emergency Medical Services | <input type="checkbox"/> Fire and Rescue Services |

Course you are enrolled in: _____

Other Questions:

Have you or members of your family been directly or indirectly affected by COVID-19?

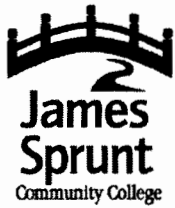
____ yes ____ no

If yes, how?

I have read and understand the requirements for assistance. I hereby declare that the information provided on this form is complete and correct to the best of my knowledge.

Applicant's Signature

Date



CONTINUING EDUCATION STUDENT REGISTRATION FORM

P.O. Box 398 Kenansville, North Carolina 28349/ www.jamessprunt.edu

CLASS TITLE: _____

CLASS START DATE: _____ TERM: _____ CID NUMBER: _____

SOCIAL SECURITY NUMBER:

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1. LAST NAME: _____ FIRST NAME: _____ MIDDLE NAME: _____

2. ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____

3. COUNTY (Residence): _____ 4. EMAIL ADDRESS: _____

5. HOME PHONE: (____) _____ - _____ Cell PHONE: (____) _____ - _____

6. BIRTH DATE: Month: _____ Day: _____ Year: _____

7. ARE YOU HISPANIC/LATINO? NO (NHS) YES (HIS)

8. RACE (Check one) White Black/African American Native American/Alaska Native Asian Hawaiian/Pacific Islander

9. SEX (Check one): Male Female

10. EMPLOYMENT STATUS (Check one):
 Retired Unemployed-Not Seeking Unemployed-Seeking
 Full time Part-Time--Number of Hours Per Week _____

11. EDUCATION LEVEL (Check only one):
 Completed High School Adult High School Diploma GED Diploma
 One-Year Vocational Diploma Associate Degree Bachelor's Degree
 Master's Degree OR -Highest Grade Completed _____

12. CITIZENSHIP (Check one):
 U.S Citizen Permanent Resident Alien Non-Immigrant Alien Other

13. Name of Employer: _____

14. STUDENT SIGNATURE: _____ DATE _____

HRD Tuition & Fee Waiver Verification Statement
<input type="checkbox"/> I am currently unemployed.
<input type="checkbox"/> I have received notification of a pending layoff.
<input type="checkbox"/> I am working and eligible for the Federal Earned Income Tax Credit.
<input type="checkbox"/> I am working and earn wages at or below two hundred percent (200%) of the federal poverty guidelines.

COURSE RECEIPT	
\$ _____ Registration Fee Received	<input type="checkbox"/> Cash
\$ _____ Malpractice/Insurance Fee Received	<input type="checkbox"/> Credit Card
\$ _____ Parking/Transportation Received	<input type="checkbox"/> Check
\$ _____ Other (explain)	<input type="checkbox"/> Voucher
If student is exempted from registration fee, please state reason.	
Received By: _____	Date: _____

JSCC is an equal opportunity educational institution and employer. The college does not practice or condone discrimination in any form against, students, employees, or applicants on the grounds of race, color, national origin, religion, sex, disability, or political affiliation consistent with those laws which affect the institution.