

**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

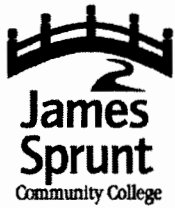
If yes, how?

\_\_\_\_\_

**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](http://www.jamessprunt.edu)

CLASS TITLE: \_\_\_\_\_

CLASS START DATE: \_\_\_\_\_ TERM: \_\_\_\_\_ CID NUMBER: \_\_\_\_\_

SOCIAL SECURITY NUMBER:

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 \_\_\_\_\_

<p><b>HRD Tuition &amp; Fee Waiver Verification Statement</b></p> <p><input type="checkbox"/> I am currently unemployed.</p> <p><input type="checkbox"/> I have received notification of a pending layoff.</p> <p><input type="checkbox"/> I am working and eligible for the Federal Earned Income Tax Credit.</p> <p><input type="checkbox"/> I am working and earn wages at or below two hundred percent (200%) of the federal poverty guidelines.</p>	<p><b>COURSE RECEIPT</b></p> <p>\$ _____ Registration Fee Received <input type="checkbox"/> Cash</p> <p>\$ _____ Malpractice/Insurance Fee Received <input type="checkbox"/> Credit Card</p> <p>\$ _____ Parking/Transportation Received <input type="checkbox"/> Check</p> <p>\$ _____ Other (explain) <input type="checkbox"/> Voucher</p> <p>If student is exempted from registration fee, please state reason. _____</p> <p>Received By: _____ Date: _____</p>
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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.