



Instructor: _____

Class Number: _____

Class Title: _____

Student Information

Social Security Number: _____ Student ID #: _____

Full Name: _____ Birth Date: _____ Age: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State Zip Code County of Residence

Phone: *Home:* _____ *Cell:* _____ *Business:* _____

Email: _____

Gender: M F Race: American/Alaska Native Asian Black/African American White
 Hispanic/Latino Hawaiian/Pacific Islander

Education

High School Graduate? Yes No If No, List the Highest Grade Completed: _____

High School Name and Location (For 16-18 years only): _____

Highest Level of Education: GED Diploma Adult HS One-Year Vocational Diploma
 Associate Degree Bachelor's Degree Master's Degree or Higher

Employment

Employment Status: Full-Time Part-Time Retired Unemployed (seeking) Unemployed (not seeking)

Emergency Contact

Name: _____ Relationship: _____ Phone: _____

HRD Tuition and Fee Waiver Verification Statement and Signature

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.
- _____ 2 = I have received notification of a pending layoff.
- _____ 3 = I am working & eligible for the **Federal Earned Income Tax Credit**.
- _____ 4 = I am working & earn wages at or below two hundred percent (200%) of the **Federal Poverty Guidelines**.

I hereby verify that all the information given by me as written on this Registration Form and on this HRD Tuition and Fee Waiver Statement is complete and accurate to the best of my knowledge.

Signature: We will request a signature via email and DocuSign after you submit this form. Date: _____

FEDERAL EARNED INCOME TAX CREDIT

Criteria	Earned Income Threshold
Individual	\$15,820
Worker with one qualifying child	\$41,756
Worker with two qualifying children	\$47,440
Worker with three or more qualifying children	\$50,594

Federal Earned Income Tax Credit

<https://www.irs.gov/credits-deductions/individuals/earned-income-tax-credit/earned-income-tax-credit-income-limits-and-maximum-credit-amounts>

200% of the Federal Poverty Guidelines: January 17, 2020

<https://aspe.hhs.gov/system/files/aspe-files/107166/2020-percentage-poverty-tool.pdf> <https://aspe.hhs.gov/poverty-guidelines>

200% OF THE FEDERAL POVERTY GUIDELINES

(Actual Guidelines on Federal Register listed at 100%)

Family Unit	200% of Poverty Guidelines
1	\$25,520
2	\$34,480
3	\$43,440
4	\$52,400
5	\$61,360
6	\$70,320
7	\$79,280
8	\$88,240
For each additional person, add \$4,480	