



**HERFF III Application  
Student Application  
Fall 2022**

Wayne Community College wishes to aid students directly or indirectly impacted by the Coronavirus Outbreak. Please complete the application to request assistance. Eligible students must be currently enrolled or have completed an occupational extension course in Workforce Continuing Education in Fall 2022.

*Instructions: Please complete and return the application, along with requested documents, to Ms. Maxine Cooper in Workforce Continuing Education (Walnut Building, East Entrance) no later than Tuesday, November 1, 2022.*

**Section One: Personal Information:**

Full Name:

\_\_\_\_\_

First	Middle	Last
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Social Security Number/Student ID Number: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

E-Mail Address:  
\_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Mobile number: \_\_\_\_\_

Gender (Place an X beside your gender): Male \_\_\_\_\_ Female \_\_\_\_\_

NC County of Residence: \_\_\_\_\_

I qualify for this assistance under the following criteria: (Please check all that apply.)

\_\_\_\_\_ I am an unemployed insurance claimant. (Please provide a printout of unemployment.)

\_\_\_\_\_ I am currently unemployed. (If possible, please provide a printout of last W2 and/or unemployment letter or verification document.)

\_\_\_\_\_ I am underemployed. (*Underemployed is defined as individuals earning 200% or below of the Federal Poverty Guidelines.*) Please verify with a W2, 2 recent pay stubs or most recent 1040 tax return.

If you are qualifying under the criteria “working and earning wages at or below 200% of the federal poverty guidelines,” please indicate the number of dependents living in your household that you are responsible for and their ages:

\_\_\_\_\_ Number of dependents    Ages: \_\_\_\_\_

**Section Two: Educational Information:**

Are you enrolled in a course leading to a state-regulated or industry recognized credential?

\_\_\_ Yes    \_\_\_ No

If yes, write the name of your course.

\_\_\_\_\_

What is the length of your course? Select one item below:

10-24 hours

25-50 hours

51+ hours

When did the course begin? Date \_\_\_\_\_

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

\_\_\_\_\_

Applicant's Signature

\_\_\_\_\_

Date

**Please return the completed application to Maxine Cooper at Wayne Community College, Workforce Continuing Education Services, Walnut Building, East Entrance. You may call (919)739-6938 or e-mail [mcooper@waynecc.edu](mailto:mcooper@waynecc.edu) for more information.**