

Noncredit Financial Aid: July 2020 — June 2021

Division of Continuing Education and Workforce Development

Howard Community College

Please read and complete the application form in its entirety and return it to the Continuing Education Office at least **three (3)** weeks before the course start date. We will contact you regarding your eligibility for financial assistance. All decisions are contingent upon the availability of funds.

CRITERIA FOR ELIGIBILITY

1. Resident of Howard County for at least 3 months (proof of residency required)
2. Sixteen years of age or older
3. *Not* receiving tuition assistance from any other source (employer, social security, senior citizen waiver, etc.)
4. Low-to-moderate income (proof of all types of income is required)
5. Course work must be job or career related
6. Your TOTAL FAMILY INCOME must not exceed the below maximum income allowed as determined by the 2020 HUD Guidelines for Maryland:

Family Type	Maximum Income Allowed
1 person	\$36,600
2 people	\$41,800
3 people	\$47,050
4 people	\$52,250
5 people	\$56,450
6 people	\$60,600
7 people	\$64,800
8 people	\$68,950

WHAT COUNTS AS INCOME?

- Wages
- Unemployment benefits
- Child support
- Food stamps
- Alimony
- Aid to Families with Dependent Children (AFDC)
- Temporary Cash Assistance
- Any payment received for housing foster children
- Any income from a parent, relative, or other person who supports you if you are claimed as a dependent on their income tax form *OR* if you file a joint income tax form *OR* if they are providing housing, food, and living expenses to you. (You must include his or her income as part of your total income)

REQUIRED DOCUMENTS

You are required to provide **proof of income and residency**. We need copies of the following with your application:

- 2019 Federal Income Tax Return
- 2 most recent pay stubs
- All documented forms of income (i.e. food stamps, alimony, etc.)
- Proof of residency (an envelope mailed to your Howard County address)
- If you did not file taxes for 2019 and are unemployed, please complete *LETTER OF FINANCIAL SUPPORT* below:

LETTER OF FINANCIAL SUPPORT

“I, _____, am financially supported by _____,
Name of Financial Aid Applicant

who is my _____. I certify that they are not currently working or receiving
Relationship to Financial Aid Applicant

government assistance. I provide financial support in the way of housing, food, and living expenses.

My yearly income is \$_____ and I support _____ persons in addition to _____.”
Name of Financial Aid Applicant

Signature of Supporter

Date

EXPECTATIONS OF STUDENTS RECEIVING FINANCIAL ASSISTANCE

- ☐ **Students are required to pay any portion of the tuition/fees not covered by financial aid.** *Immediately after registering, proceed to the cashier's office and present the voucher along with your portion of payment. If you do not present your voucher within 24 hours, you will be dropped from the class.*
- ☐ Attend all scheduled classes and complete all course assignments. Students who do not complete and/or pass courses are **not** eligible for future noncredit financial aid.
- ☐ Some health care classes require a literacy test (reading, writing, math, speaking & listening) or background test, which is given at the first class or during a pre-set testing schedule. Successful completion of any literacy or background classes is required to keep your financial aid and continue in the class.
- ☐ Provide follow-up information on employment and/or career changes as a result of the noncredit course.
- ☐ You may be asked to attend a donor event or write a letter of appreciation to the donor who funded your scholarship.

REGULATIONS

- ☐ A student ***must*** be in good standing with the HCC business office in order to receive noncredit financial aid.
- ☐ A student who previously received noncredit financial aid must have successfully completed the courses for which he or she received the assistance.
- ☐ Financial assistance is limited to 80% of course tuition, registration and fees only. The student is responsible for the remaining 20%. There is **no aid available for books, test fees, or any other required course materials.**
- ☐ Noncredit financial aid can only be used for the specific course and section approved by the Division of Continuing Education and Workforce Development—it is not transferable.



APPLICATION FOR NONCREDIT FINANCIAL ASSISTANCE

Please Print in Ink.

HCC ID # <i>If current HCC student</i>							
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Name: First _____ Middle Initial _____ Last _____

Address: _____ Apt/Unit # _____ City: _____ Zip Code: _____

Phone: _____ ☐ Home ☐ Cell Email Address: _____

Birth date: _____ Number of family members: _____ Yourself _____ Children _____ Spouse/Domestic Partner _____

Have you ever received *noncredit* financial aid from Howard Community College? ☐ Yes ☐ No

2019 Income		2020 Income (Estimate)	
Total Family Income for 2018 (The amount of wages on your W2 form if you filed taxes)	\$	Total Family Wages	\$
		Unemployment Income	\$
		Child Support/Alimony	\$
		Rental Assistance	\$
		Food Stamps	\$
		Temporary Cash Assistance	\$
		Other Income	\$
		*Est. Total Family Income for 2019 <i>*If you are claimed as a dependent by a parent(s) or anyone else, you must include their income.</i>	\$

I WANT TO REGISTER FOR THE FOLLOWING COURSE(S):

Index					Course Number	Course Title	Start Date	Tuition
#	9	7	8	3	←Sample→ XE 800 6722	Starting Your Own Business	01/30/20	\$100.00
#								
#								
#								

I certify that the information in my application is true and correct. I give the Continuing Education Office permission to release my name, address and telephone number to the HCC Educational Foundation, Inc. I certify that I am not eligible or receiving financial assistance from my employer or any other source (for example: senior or SSI disability waiver). I understand that I must attend all classes in order to keep my financial aid for a noncredit class. If I miss a class, I must pay all of the tuition and fees for the class or classes in which I have enrolled. HCC may bill me for the amount I owe.

Applicant's Signature _____ Date _____

Financial Aid Officer Signature _____ Date _____

Return this form with copies of all required documentation to Howard Community College, Noncredit Financial Aid, Division of Continuing Education & Workforce Development, 10650 Hickory Ridge Road, Columbia, MD 21044 or email noncreditfinaid@howardcc.edu