



HUMAN RESOURCES DEVELOPMENT
REGISTRATION FORM

Class Number: _____ Class Title: _____

Social Security Number: _____ COMPUTER ASSIGNED STUDENT ID # _____

Name: (Please Print) _____
LAST FIRST MIDDLE

Address: _____ Residency Status: [] In-State [] Out-of State

City State Zip Code County of Residence

Telephone Numbers: _____
Home Business Cellular

Date of Birth ____/____/____ Sex: () Male () Female
Month Day Year

Race: ()1-White ()2-Black ()3-Am Indian/Alaskan ()4-Hispanic ()5-Asian/Pac Islander ()6-Other/Unknown/Mult

Email Address _____ Number of Dependents _____

EDUCATIONAL LEVEL: Circle Highest Grade Completed: 1 2 3 4 5 6 7 8 9 10 11 12 --GED Diploma 13=Adult HS

14 = One Year Vocational Diploma 15 = Associate Degree 16 = Bachelor's Degree 17 = Master's Degree or Higher

If you are 16-18 years old, please list the Name and Location of the last High School that you attended:

Name of High School Location

EMPLOYMENT STATUS:

- (E1) Employed 1 – 10 hours per week
(E2) Employed 11 – 20 hours per week
(E3) Employed 21 – 39 hours per week
(E4) Employed 40 or more hours per week
(UN) Unemployed – Not Seeking Employment
(US) Unemployed – Seeking Employment
(R) Retired

PLEASE COMPLETE THIS FORMULA IF YOU ARE EMPLOYED.

FEE WAIVER GUIDELINES

To determine eligibility: Rate of pay (x) Hours per week (x) 52 weeks = Estimated Annual Income. Compare this amount with the income charts applicable to FEITC or FPG (see back of form).

\$ _____ x _____ x 52 = _____
Pay Rate Hrs/Wks Est. Annual Income

HRD Tuition and Fee Waiver Verification Form

Student Name: _____ **Social Security Number:** _____

What is your current employment status? _____ Unemployed _____ Employed – Part-Time _____ Employed – Full-Time

If unemployed, please give the name and location of the company and the last date of employment.

Name: _____ Location: _____ Last Date of Employment: _____

Have you received notice of a layoff? _____ No _____ Yes If yes, please give the name and location of the company.

Name: _____ Location: _____

Have you worked in the past 12 months? _____ No _____ Yes **If yes, please complete the following:**

1) Employer _____ Job Title _____

Start Date _____ End Date _____ Hourly Wage _____ Hours per Week _____

2) Employer _____ Job Title _____

Start Date _____ End Date _____ Hourly Wage _____ Hours per Week _____

Tuition and Fee Waiver – Verification Statement

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–**Indicate the number of dependents in your household:** _____

_____ 4=I am working & earn wages at or below two hundred percent (200%) of the federal poverty guidelines (see below)

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

Signature: _____

Date: _____

2012 HRD Tuition and Fee Waiver Guidelines

Federal Earned Income Tax Credit

Criteria	Earned Income Threshold
Individual	\$ 13,980
Worker with one qualifying child	\$ 36,920
Worker with two or more qualifying children	\$ 41,952
Worker with three or more qualifying children	\$45,060

Federal Earned Income Tax Credit

SOURCE: Retrieved January 21, 2011, from Internal Revenue Service Webpage

<http://www.irs.gov/individuals/article/0,,id=233839,00.html>

200% of the Federal Poverty Guidelines

SOURCE: *Federal Register*, Vol. 76, No. 13, January 20, 2011, pp. 3637-3638.

Retrieved from the *Federal Register* Online via GPO Access

<http://frwebgate3.access.gpo.gov/cgi-bin/PDFgate.cgi?WAISdocID=1539tI/0/2/0&WAIAction=retrieve>

200% of the Federal Poverty Guidelines

Family Unit	200% of Poverty Guidelines
1	\$ 22,340
2	\$ 30,260
3	\$38,180
4	\$ 46,100
5	\$ 54,020
6	\$ 61,940
7	\$ 69,860
8	\$ 77,780

For each additional person, add \$7,920.