



Higher Education Emergency Relief Funds (HEERF)
Workforce Development Student Application

800 College Court
New Bern, NC 28562
252-638-7248
www.cravencc.edu

Please print clearly in blue or black ink. Student data on this form is **CONFIDENTIAL**.

Legal Name: _____
LAST First Middle

Address: _____
Street/P.O. Box City State Zip Code

Phone: _____ Text: ☐ Yes ☐ No E-mail: _____

Check the financial need eligibility criteria you meet:

- ☐ Currently laid off or unemployed.
☐ Received notification of a pending layoff.
☐ Working and eligible for the Federal Earned Income Tax Credit (Chart 1 on back).
☐ Working with wages at or below 200% of the Federal poverty guidelines (Chart 2 on back).

Course Title	Award Amount	\$

Course Id	Deduct these charges:	\$
_____	Registration/Fees	_____
Start/End Date	Craven CC Bookstore	\$
_____		_____

Have you or members of your family been affected by COVID-19? Check one: ☐ Yes* ☐ No

*If "Yes", briefly explain below how you/your household have been affected by COVID-19.

Funds are awarded to qualifying students in qualifying courses on a first-come/first-served basis one course at a time. Should you drop the class or fail to attend through the course census date, you will not be eligible for the grant. If you do not attend or complete the course, you may be ineligible for future awards.

I have read and understand the requirements for assistance and certify the information provided on this form is complete and accurate to the best of my knowledge.

If you would like for Craven community College to apply the funds to your student account balance, please complete the separate authorization. I understand this authorization is voluntary.

Student Signature: _____ Date: _____

For Office/Internal Use: ☐ Financial Need ☐ Eligible Course ☐ Correct Award/Charge Amounts ☐ Impact Statement
☐ Signature ☐ SSN on file ☐ Verified first/only award for term (by course start date)

WFD Staff: _____ Date: _____ 2nd rev: _____

Added to AIDE

Financial Aid: _____ Date: _____ ver 2021 08-31

Student ID: _____ Census: ____/____/____ ☐ Attendance Ck Req: ____/____/____ Award# _____

2021 Financial Need Criteria

Chart 1: Federal Earned Income Tax Credit		
Criteria	Single	Married
Individual	\$15,980	\$21,920
With one qualifying child	\$42,158	\$48,108
With two qualifying children	\$47,915	\$53,865
With three or more qualifying children	\$51,464	\$57,414

Source: Retrieved 3/24/2021 from Internal Revenue Service Webpage for Tax Year 2021
<https://www.irs.gov/credits-deductions/individuals/earned-income-tax-credit/earned-income-and-earned-income-tax-credit-eitc-tables>

Chart 2: 200% of Federal Poverty Guidelines	
Family Unit	200% of Poverty Guidelines
1	\$25,760
2	\$34,840
3	\$43,920
4	\$53,000
5	\$62,080
6	\$71,160
7	\$80,240
8	\$89,320
For each additional person, add \$9,080	

Source: Retrieved 3/24/21 from US Dept of Health & Human Services web page
https://aspe.hhs.gov/system/files/aspe-files/107166/2021-percentage-poverty-tool_0.pdf



Higher Education Emergency Relief Funds (HEERF)

Written Authorization to Credit HEERF Funds to Student's Account

Date: _____

Student Name: _____

Student ID: _____

Craven Community College (CCC) has received funding from the Federal Government to assist students with costs associated with attending college. A portion of these funds have been set aside to help pay tuition and fees for students with an outstanding balance who would otherwise not be able to attend college. By signing this form, I give CCC permission to apply the HEERF funds to my student account balance.

_____ I give Craven Community College authorization to apply my HEERF funds to be applied to the balance owed on my account.

I understand that this authorization is voluntary.

Student Signature:

X _____