

**Coastal Carolina Community College &
North Carolina Community Colleges
Short-Term Workforce Development (STWD) Grant
2021-2022 Student Application**

Instructions: Complete this application and return the completed application to the Continuing Education Building, room 109. For questions, please contact Continuing Education, Human Services office at (910) 938-6309 or email at humanservices@coastalcarolina.edu.

Eligibility Criteria: At a minimum, eligible students applying for this grant must be:

- 1) A resident of North Carolina as outlined in [G.S. 116-143.1](#) and following the coordinated and centralized residency determination process administered by the State Education Assistance Authority known as [NC Residency Determination Service \(RDS\)](#).
- 2) A Student enrolling in Workforce Continuing Education (WCE) pathways/course(s) leading to an N.C. Workforce Credential identified as either Essential or Career Level. These pathways may consist of a single WCE course or a series of courses. The list of eligible credentials is available at <https://nccareers.org/credentials/credentials-list>.

Applicant Information:

Full Name: _____

Home Address: _____

City: _____, State: _____, Zip Code: _____

E-Mail Address: _____

Phone Number: _____ Mobile Number: _____

Residency Determination: Before submitting this application, you must complete residency determination via <https://ncresidency.cfnc.org/residencyInfo/> and be determined to be a resident of North Carolina. Upon completing this step, you will be provided a Residency Certification Number ("RCN"), which must be provided below.

Residency Certification Number ("RCN"): _____

Education Program Information:

College Attending/Enrolled: Coastal Carolina Community College

Course(s) in which you plan to enroll or are already registered:

- | | | |
|---|---|--|
| <input type="checkbox"/> CMAA | <input type="checkbox"/> Massage Therapy | <input type="checkbox"/> Paramedic |
| <input type="checkbox"/> Pharmacy Technician | <input type="checkbox"/> CompTIA A+ | <input type="checkbox"/> CDL |
| <input type="checkbox"/> Medical Coding | <input type="checkbox"/> CompTIA Network+ | <input type="checkbox"/> Powerline Technician |
| <input type="checkbox"/> Central Sterile Processing | <input type="checkbox"/> CompTIA Security+ | <input type="checkbox"/> Welding (Stick, TIG, MIG) |
| <input type="checkbox"/> Nurse Aide I | <input type="checkbox"/> NC Basic Law | |
| <input type="checkbox"/> Nurse Aide II | <input type="checkbox"/> Enforcement (BLET) | |
| <input type="checkbox"/> Certified Ophthalmic Assistant | <input type="checkbox"/> Fire Academy | |
| | <input type="checkbox"/> EMT | |

Application Attestation: I have read and understand the requirements for assistance. I attest that the information provided on this form is complete and correct to the best of my knowledge.

Applicant's Signature: _____ Date: _____