



# Nassau County Workforce Development Programs

## APPLICATION FORM



If you are interested in applying for a Workforce Development Training Scholarship, please review course information at: <https://www.ncc.edu/continuingeducation/workforcedevelopment/>

Then complete this application and the included FERPA Release Form and submit them along with any questions you may have to: [cwd@ncc.edu](mailto:cwd@ncc.edu). You will be contacted once your application is reviewed. Thank you.

Last Name:		First Name:	
Address:		City:	Zip:
Home Phone: ( )		Cell Phone: ( )	
Birthdate: (mm/dd/yyyy)*		Gender Identity:	
Have you taken courses at NCC?    YES    NO		If yes please provide your NCC ID #:	
Preferred Email:		Alternate Email:	
Demographics (Check all that apply): Race: <input type="radio"/> American Indian/Alaska Native <input type="radio"/> Asian <input type="radio"/> Black/African American <input type="radio"/> Native Hawaii/Other Pacific Islander <input type="radio"/> White <input type="radio"/> Other Multi-Racial		Ethnicity: <input type="radio"/> Hispanic <input type="radio"/> Non-Hispanic	
Income Level**: # in Household: _____ Household Income: _____		Income Proof: Tax Document   Pay Stub   Other: _____	
High School Diploma or Equivalent    YES    NO		Computer & WIFI Access at Home?    YES    NO	
FERPA Release Form (see page 2)    YES    NO		Nassau County Resident    YES    NO	

\*Applicants must be 17 years of age or older.    \*\*Attach any relevant documents.

**This is an application form only. The Center for Workforce Development will contact the applicant to complete the registration process, if the applicant is eligible and based on available funding.**

CWD Course #^	Section	Course Title	Start Date

*I certify that the above information is accurate to the best of my knowledge. While I have been assured that the information is kept confidential, I am aware that it is subject to verification by the agency providing services, the Nassau County Office of Community Development and/or HUD. I, therefore, authorize such verification, and will provide supporting documents if requested.*

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

For Staff Use Only: Income Level: N-L   Mod   Low   E-L    Status: A.   B.   C.   D.   E.   F.
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NASSAU COMMUNITY COLLEGE

Federal Educational Rights and Privacy Act (FERPA) Record Release Form

I hereby give Nassau Community College (“NCC”) this written consent to release my grades, transcripts, GPA information, and information regarding my academic progress,

Attendance

Fill in additional information, if any, that you consent to being disclosed

to Nassau County Office of Community Development, the financial sponsoring entity,

Name.

Relationship to Student

Upon the above-named person(s)’ request, to keep the above-named person(s) apprised of my educational progress at NCC. This written consent shall be valid for: the entire period I will be **enrolled** at Nassau Community College.

I understand that this consent shall remain in effect for the time period stated above, unless revoked by me, in writing, the written revocation to be delivered to NCC, but that any such revocation shall not affect disclosures previously made by NCC prior to receipt of my revocation.

The parties acknowledge and agree that this document may be executed by electronic signature, which shall be considered as an original signature for all purposes and shall have the same force and effect as an original signature. Without limitation, “electronic signature” shall include electronically scanned and transmitted versions (e.g., via pdf) of an original signature. “Electronic signature” shall also include the typing of the signatory’s name on the signature line.

\_\_\_\_\_  
PRINT NAME OF STUDENT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF STUDENT

\_\_\_\_\_  
NCC Identification Number

To be filled in by Nassau Community College.