**RE-EMPLOYING VIRGINIANS (REV) TRAINING VOUCHER**

**STUDENT ELIGIBILITY CERTIFICATION FORM**

For a limited time, unemployed and underemployed Virginians are eligible for a training voucher to pay for the cost of enrolling in a high-demand workforce education program at one of Virginia’s Community Colleges. To receive a voucher, the student must (1) attest that he/she is unemployed or underemployed due to COVID-19, and (2) enroll in an eligible academic credit or noncredit program before December 14, 2020.

Eligibility: To qualify for a REV Training Voucher to enroll in a high-demand workforce education program at a Virginia Community College, an individual must certify that he or she meets one of the following criteria:

* A Virginian who lost his/her job due to COVID-19 and received state unemployment benefits on or after August 1, 2020, or
* A Virginian who lost a full-time job because COVID-19 caused his/her place of employment to close or reduce staffing, and who is now working in a part-time job that pays less than $15 per hour. (*Individuals who resigned from full-time employment to care for sick relatives or stay home with school-age children are not eligible* *for these training vouchers but may be eligible for other financial assistance.*)
* DACA, undocumented, and dual enrolled students are not eligible for REV Training Vouchers.

Please check the box below that applies to you, and sign the certification statement:

|  |  |
| --- | --- |
| ***Criteria*** | **X if applies** |
| 1. I am a citizen of Virginia. I lost my job due to COVID-19 and received state unemployment benefits on or after August 1, 2020.
 |  |
| 1. I am a citizen of Virginia. The business where I worked closed or I was laid off from my full-time job because of COVID-19, and I now work part-time and earn less than $15 per hour.
 |  |

**Certification Statement**

**I certify that the information provided in this form is true and accurate. I understand that a false statement will subject me to repay the Training Voucher amount in addition to other disciplinary action.**

**Printed Name**

**Student ID #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Primary College \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature**

**Date**

**Please return this signed form to the Financial Aid Office at your primary college.**