



**Beaufort County Community College
Beaufort Promise(American Rescue Plan)
Continuing Education HEERF III Financial
Assistance Application
Summer Term Not Included
Available Fall 2021 Through May 2023**

Instructions: Complete this application and return the completed application to the Beaufort County Community College Continuing Education Registration & Records office in Building 8 or it can be emailed to continuingeducation@beaufortccc.edu. If you have questions about this application, please call (252) 940-6375.

Personal Information:

Full Name: _____

Home Address: _____

City, State, Zip Code: _____

E-Mail Address: _____

Phone Number: _____ Cell number: _____

Select the Pathway you are enrolled in:

Note: Must be enrolled in a credentialing program of at least 50 hours that leads to a workforce credential. High School Equivalency & National Career Readiness Certificate testing is also eligible.

- | | |
|---|--|
| <input type="checkbox"/> Emergency Medical Services | <input type="checkbox"/> Industrial/Manufacturing |
| <input type="checkbox"/> Healthcare | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Human Services | <input type="checkbox"/> Fire and Rescue Services |
| <input type="checkbox"/> Government & Public Administration | <input type="checkbox"/> Marketing, Sales, and Service |
| <input type="checkbox"/> High School Equivalency (GED or HiSET) | <input type="checkbox"/> National Career Readiness Certificate |

Continuing Education course name: _____

Student Authorization for Distribution of HEERF III Funding:

I request Beaufort County Community College (BCCC) to distribute my HEERF III award in the following manner (Check one below):

_____ If I receive the HEERF III grant, I want the award to first apply to my student balance.

_____ If I receive the HEERF III grant, I want the amount to be disbursed directly to me.

** Students who choose to have HEERF III grant funds disbursed to them directly will be required to pay the registration and fees at the time of registration, as set forth in State Board of Community Colleges Code 1E SBCCC 400.1 Continuing Education Registration Fees.*

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

Applicant's Signature

Date