



**Beaufort County Community College**  
**Beaufort Promise (American Rescue Plan)**  
**2020-2021 Continuing Education**  
**Financial Assistance Application**

**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](mailto: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: \_\_\_\_\_

\_\_\_\_\_ By initialing, I agree to allow Beaufort County Community College to apply the Beaufort Promise American Rescue Plan (HEERF III) funds directly to my BCCC student account, to include any debt the student incurred at BCCC from March 2020-December 2020. Students are responsible for paying off any student debts incurred outside of March 2020-December 2020 before registering for classes.

Date Debt Charged to Account <small>**Must fall between March-December 2020**</small>	Amount
(This block for office use only)	

**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**