York Continuing and Professional Education Center Financial Aid

Table of Contents

Workforce One: Individual Training Grants........................................Pages 2-4
New York Education and Training Voucher Program........................Pages 5-8
Application for VA Education Benefits............................................Pages 9-15
Helena Rubinstein Continuing Education Scholarship......................Pages 16-25
ProTrain (Online) Payment Plan.....................................................Page 26
Sample Health Professions Payment Plan.......................................Pages 27-30
How can I apply for an Individual Training Grant?

The application process is highly selective. Completing an application does not guarantee award.

To apply, you must:

1. Take and pass a skills test at a Workforce1 Career Center
2. Complete an application
3. Interview with a Workforce1 Career Advisor.

If selected for an Individual Training Grant, the entire process can take between 4–8 weeks.

Individual Training Grants are available for Workforce1 customers who are looking to develop the occupational skills needed to pursue careers in healthcare, transportation, computer technology, and protective service.

To begin the application process, please contact your local Workforce1 Career Centers to be scheduled for one of the ITG sessions listed below.

**Bronx Workforce1 Career Center**
Fordham Place
400 East Fordham Road (entrance on Webster)
Bronx, NY 10458
Telephone: (718) 960-2456
Email: Workforce1Bronx@rws-nyc.org
ITG Hours: Tuesdays 11:00AM, Wednesdays 3:00PM

**Brooklyn Workforce1 Career Center**
9 Bond Street, 5th Floor
Brooklyn, NY 11201
(Between Livingston and Fulton Streets)
Telephone: (718) 246-5229 (By appointment only)
ITG Hours: Mondays 12:30PM, Wednesdays 12:30AM

**Hunts Point Workforce1 Career Center**
1029 E 163rd Street, 3rd Floor
Bronx, New York, 10459
(Between Southern Boulevard and Simpson Street)
Telephone: (718) 542-6777 (By appointment only)
ITG Hours: Fridays 10:00AM

**Queens Workforce1 Career Center**
168-25 Jamaica Avenue, 2nd Floor
Jamaica, NY 11432
(Between 168th and 169th Streets)
Telephone: (718) 557-6755 (By appointment only)
ITG Hours: Thursdays 9:45AM

**Staten Island Workforce1 Career Center**
120 Stuyvesant Place, 3rd Floor
Staten Island, NY 10301
(Between Wall and Hyatt Streets)
Telephone: (718) 285-8388
Email: workforce1@edsolutions.com
ITG Hours: Mondays 11:00AM

**Upper Manhattan Workforce1 Career Center**
215 West 125th Street, 6th Floor
New York, NY 10027
Between 7th and 8th Avenues (also known as Clayton Powell Jr. Blvd & Frederick Douglass Blvd.)
Telephone: (917) 493-7054
Email: umworkforce1@edsolutions.com
ITG Hours: Thursdays 3:00PM

**Workforce1 Healthcare Career Center**
79 John Street, 2nd Floor
New York, New York, 10038
Telephone: (212) 618-8925 (By appointment only)
Email: Workforce1HealthcareITG@rws-nyc.org
ITG Hours: Tuesdays 2:00PM

*Individual Training Grants for Certified Nursing Assistant and Clinical Medical Assistant Training are only available at this location

**Workforce1 Industrial & Transportation Career Center**
168-46 91st Ave., 2nd Floor
Jamaica, NY 11432
Between 168th and 169th Streets
Telephone: (718) 577-2394
Email: Industrialandtransportation@grantassociatesinc.co
ITG Hours: Wednesdays 10:00 AM, Friday 10:00AM
Individual Training Grants are available for Workforce1 customers who are looking to develop the occupational skills needed to pursue careers in healthcare, finance, computer technology, and protective service.

Individual Training Grants can fund course tuition, registration fees, testing fees, and books for the following training types:

<table>
<thead>
<tr>
<th>Occupations*</th>
<th>Minimum Work Experience</th>
<th>Minimum Education</th>
<th>Maximum ITG Award</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heavy Truck; Trailer (CDL A) Drivers</td>
<td>24 months</td>
<td>none</td>
<td>$2,000</td>
</tr>
<tr>
<td>Light truck; Delivery (CDL B) Drivers</td>
<td>24 months</td>
<td>none</td>
<td>$2,000</td>
</tr>
<tr>
<td>Passenger Bus (CDL BP) Drivers</td>
<td>12 months</td>
<td>none</td>
<td>$2,000</td>
</tr>
<tr>
<td>School Bus (CDL BPS) Drivers</td>
<td>No experience necessary</td>
<td>none</td>
<td>$2,000</td>
</tr>
<tr>
<td>Delivery; Para-transit (CDL C) Drivers</td>
<td>No experience necessary</td>
<td>none</td>
<td>$2,000</td>
</tr>
<tr>
<td>Certified Nursing Assistants**</td>
<td>12 months</td>
<td>High School diploma or GED</td>
<td>$3,800</td>
</tr>
<tr>
<td>Clinical Medical Assistants**</td>
<td>12 months</td>
<td>High School diploma or GED</td>
<td>$5,000</td>
</tr>
<tr>
<td>Computer Support Specialists</td>
<td>12 months</td>
<td>High School diploma or GED</td>
<td>$3,800</td>
</tr>
<tr>
<td>Computer Systems Analysts</td>
<td>12 months</td>
<td>2 or 4 year degree</td>
<td>$3,800</td>
</tr>
<tr>
<td>Network and Computer Systems Administrators</td>
<td>12 months</td>
<td>2 or 4 year degree</td>
<td>$3,800</td>
</tr>
<tr>
<td>Security Guards–Armed***</td>
<td>24 months</td>
<td>High School diploma or GED</td>
<td>$800</td>
</tr>
<tr>
<td>Security Guards–Unarmed</td>
<td>6 months</td>
<td>High School diploma or GED</td>
<td>$400</td>
</tr>
</tbody>
</table>

* These occupations represent a portion of the Workforce Investment Board’s in-demand occupations list and are subject to change. An occupation’s eligibility to receive funding is based on likelihood of job placement in New York City.

** To apply for an individual training grant in the healthcare field (Clinical Medical Assistant or Certified Nursing Assistant), you must visit the Workforce1 Healthcare Career Center located at 75 John Street, Second Floor, New York, NY 10038.

*** Only work experience accepted – law enforcement, corrections, or military. Security guard experience is also accepted with endorsement/recommendation from current or previous security employer (less than 2 year separation). Armed Guard applicants must already have a pistol permit in order to apply for Armed Guard training.

What are the eligibility requirements for an Individual Training Grant?
- Must be a registered member of Workforce1
- Must be unemployed or currently employed earning less than $63,928/year
- Must be willing to report job placement information following course completion
- Must meet the education and work experience*** requirements for the specified occupation

*** Work experience must be in a related field or industry. Veterans with military experience in one of these occupations are exempt from this requirement. Other services are available for individuals who do not meet eligibility requirements.

For more information and a complete list of ITG eligible courses, visit the NYC Training Guide.
Introduction to Services

Seating is limited and is on a first come first serve basis. Sign up begins 1 hour prior to the start time. Customers are strongly encouraged to dress professionally and bring a resume.

Monday and Thursday at 1:00PM
Tuesday and Friday at 10:00AM
You may also register online at www.nyc.gov/workforce1

Please Also Bring Any of the Below Documents to Verify Date of Birth

- NY State Drivers License or ID
- Passport
- Birth Certificate
- Hospital Record of Birth
- Work Permit
- Tribal Record
- UI Exhaustee
- Non NY State Drivers License or ID
- Federal, State or Local Government ID Card
- Baptismal Record
- School Records/Identification Card
- Public Assistance/Social Service Record
- DD-214: US Military Report of Transfer or Discharge

If You Are Currently Receiving TANF or Public Assistance, Please Bring in Any of the Below Document

- TANF Public Assistance Record
- Public Assistance Check
- Public Assistance Records/Printout
- Authorization to Receive Cash Public Assistance
- Medical Card Showing Cash Grant Status
- Refugee Assistance Records

If You Are Currently Employed, Please Bring a Recent Paystub

168-25 Jamaica Avenue 2nd Floor • Jamaica, New York 11432
Tel: (718) 557-6755 • TTY (718) 658-6906

Workforce1 is an Equal Opportunity Employer Program. Auxiliary aids and services are available upon request to individuals with disabilities.
New York

The New York Education and Training Voucher Program is a federally-funded, state-administered program designed to help youth who were in foster care. Students may receive up to $5,000 a year for qualified school-related expenses.

Funding is limited and available on a first come, first served basis to eligible students. Applicants must complete the ETV application which includes documentation each semester that is sent directly from the school to ETV confirming enrollment, the cost of attendance (COA) and unmet need.

ELIGIBILITY REQUIREMENTS

- Foster care youth, including persons in need of supervision (PINS) and those who are in the custody of the juvenile justice system; and
- Former foster youth who have not yet attained the age of 21 years who are eligible for services under the Chafee Foster Care Independence Program; and
- Youth adopted from foster care at age 16 and older; and
- Youth who leave foster care at age 16 and older for guardianship with a kinship guardianship assistance agreement in effect, and
- Youth who are currently in the custody of the Office of Children and Family Services and placed in a non-secure or voluntary agency (Title IV-E facility); and
- Youth who are currently in the custody of the Office of Children and Family Services on aftercare status or receiving services in an Evening Reporting Center (ERC) and had been placed in a non-secure facility or voluntary agency (Title IV-E facility)

FURTHERMORE:

- Youth must be a U.S. citizen or qualified non-citizen
- Youth must have been accepted into or be enrolled in a degree, certificate or other accredited program at a college, university, technical, vocational school. To remain eligible for ETV funding, they must show progress toward a degree or certificate.

Click HERE to begin the application process.
Download your application documents HERE.

For more information, please call 877-766-5025 or email ny@statevoucher.org. Our fax number is 877-234-5025
Financial Aid Release Form 2016-2017

First Name: ___________________ Last Name: ___________________ Current Term: ___________________

Student Id: ___________ Phone #: ___________________ Last 4 digits of SS#: ___________

Student Signature Release: ___________________ Date: ___ / ___ / ___

I have applied for the federally-funded, Education and Training Voucher (ETV) Program for the current term to help meet my post-secondary expenses. I authorize the Financial Aid Office to release my account information to the program:

MUST BE COMPLETED BY FINANCIAL AID OFFICE
ALL FIELDS TO BE COMPLETED FOR CURRENT TERM ONLY!

Calendar System:  □ Semester  □ Trimester  □ Quarter

Current Quarter or Term (check one):

□ Fall   □ Winter   □ Spring   □ Summer

Number of credit hours this term: ___________

Has student applied for FAFSA (check one):  □ Yes  □ No

Calendar System:  □ Semester  □ Trimester  □ Quarter

Current Quarter or Term (check one):

□ Fall   □ Winter   □ Spring   □ Summer

Number of credit hours this term: ___________

Has student applied for FAFSA (check one):  □ Yes  □ No

School Name: ___________________

Campus: ___________________

Cost of Attendance per term: $__________

* As defined by the Higher Ed Act - tuition, fees, room, board, transportation, supplies, etc.

Tuition/Fees per term: ____________________________________________ $__________

Does student live (check one)  □ On Campus  □ Off Campus  — If on campus, housing cost: $__________

Does student have a meal plan?  □ Yes  □ No  If yes, meal plan cost: $__________

Pell Grant Amount Received (per term): __________________________ $__________

*If Pell is not available indicate why:  □ EFC too high  □ Academic Suspension  □ Ineligible why: __________________________

Subsidized Loans (Check all that apply)  □ Offered  □ Accepted  □ Declined $__________

(enter amount offered even if declined)

Unsubsidized Loans (Check all that apply)  □ Offered  □ Accepted  □ Declined $__________

(enter amount offered even if declined)

Perkins Loans (Check all that apply)  □ Offered  □ Accepted  □ Declined $__________

(enter amount offered even if declined)

Grant/scholarships (current term only):

1. __________________________ $__________

2. __________________________ $__________

3. __________________________ $__________

Total amount owed to school after all aid has been applied: __________________________ $__________

Preparer’s Signature: ___________________ Print Name: ___________________ Date ___ / ___ / ___

Direct Phone #: ___________________ Email Address: ___________________

PLEASE FAX FORM TO: 877-234-5025

Please do not include a fax cover sheet.

Questions? Email ny@statevoucher.org or Phone: 877-766-5025

www.fc2success.org

www.fc2programs.org
Participation Agreement 2016-2017

As a participant in this program, you have responsibilities. Be sure to keep a copy of your ETV forms and other information for your own records. Remember: Participating in this program means you understand, agree, and will comply with all the following requirements:

To receive ETV Funding:

☐ I must reapply every year after July 1st to be eligible for funding that school year at www.fc2sprograms.org

☐ I must complete the Free Application for Federal Student Aid (FAFSA) every year at www.fafsa.ed.gov

*PLEASE TRY TO COMPLETE AT LEAST TWO MONTHS BEFORE CLASSES BEGIN

☐ If I did NOT receive an email from ETV after completing my online application, my email address is not working. Go to www.fc2sprograms.org, 1. Log in using my Username and Password and 2. Fix my email address and anything else that needs to be updated.

☐ I have read the ETV program information at www.fc2sprograms.org and I understand that I've started a process; the online application is Part 1, the Financial Aid Release form is Part 2 and, if I am a returning student, the official transcript from my last ETV funded semester is Part 3.

☐ At the beginning of each term, I will fill out the top section of the Financial Aid Release Form, and then give it to my school's financial aid office to complete the rest and fax to ETV.

☐ It can take ETV 14 days to process my Financial Aid Release Form from the time the school faxes it.

☐ I must receive ETV funding for the first time before my 21st birthday.

Once I have been Funded by ETV:

☐ I must communicate with my ETV Coordinator by phone at least once a month. IF I DO NOT STAY IN REGULAR COMMUNICATION, MY FUNDING MAY BE AFFECTED.

☐ I must have my own working email address. I will check my email at least once a week for emails from ETV and will reply as required.

☐ I must maintain a GPA of 2.0 or greater. If I fall below a 2.0 GPA two terms in a row, I may no longer be eligible to receive funding. I can regain my eligibility by earning 12 or more credits with a GPA of 2.0 or greater. At any time, the Academic Success Program will be available to students.

☐ Before I withdraw from any class(es) or drop out of school, I will notify my ETV Coordinator by phone in order to remain eligible for future funding.

☐ To receive continued funding from ETV, I will request that my registrar's office mail an official transcript of my grades at the end of each term to the address at the bottom of this page.

☐ I will update my ETV profile immediately if my situation (childbirth, employment, marriage) or ANY of my contact information (email, address, telephone, etc) changes at: www.fc2sprograms.org

☐ All ETV funding ceases upon my 23rd birthday.

<table>
<thead>
<tr>
<th>Questions?</th>
<th>If your last name begins with the letter A-L:</th>
<th>If your last name begins with the letter M-Z:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Email:</td>
<td><a href="mailto:ny@statevoucher.org">ny@statevoucher.org</a></td>
<td><a href="mailto:nys@statevoucher.org">nys@statevoucher.org</a></td>
</tr>
<tr>
<td>Phone:</td>
<td>877-766-5025 x1</td>
<td>877-766-5025 x2</td>
</tr>
<tr>
<td>Schedule a phone appointment:</td>
<td><a href="http://www.meetme.so/newyork_etv">www.meetme.so/newyork_etv</a></td>
<td><a href="http://www.meetme.so/newyorkstate_etv">www.meetme.so/newyorkstate_etv</a></td>
</tr>
</tbody>
</table>

PLEASE DO NOT SEND THIS SHEET TO ETV. KEEP FOR YOUR RECORDS.
The New York ETV Program Is administered by Foster Care to Success
21351 Gentry Drive, Suite 130 • Sterling, VA 20166 • www.fc2success.org
YOUR Budget - a Tool For Success

This document is to be completed by the student

Name: ____________________________ Date: __/__/____

<table>
<thead>
<tr>
<th>Income</th>
<th>Per Month</th>
<th>Education Related Expenses</th>
<th>Per Semester</th>
</tr>
</thead>
<tbody>
<tr>
<td>Work</td>
<td>$</td>
<td>Tuition and Fees</td>
<td>$</td>
</tr>
<tr>
<td>Other - IL Stipend, State aid</td>
<td>$</td>
<td>Housing</td>
<td>$</td>
</tr>
<tr>
<td>Other - ex: child support</td>
<td>$</td>
<td>Meal Plan</td>
<td>$</td>
</tr>
<tr>
<td>Total Income</td>
<td>$</td>
<td>Books</td>
<td>$</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Living Expenses</th>
<th>Per Month</th>
<th>Total School Expenses $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rent</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Child Care</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Meal Plan</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Phone</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Cable / Internet</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Electric</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Natural Gas</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Water</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Dining out, Movies, Etc.</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Clothing</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Groceries</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Car Payment</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Gas</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Auto Insurance</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Maintenance</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Public Transpiration</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Personal Care</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Health Insurance</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Savings</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Total Living Expenses</td>
<td>$</td>
<td></td>
</tr>
</tbody>
</table>

A budget is telling your money where to go instead of wondering where it went!

Please note any financial or other worries you have regarding attending and succeeding in a postsecondary program:

- [ ] Reliable Transportation
- [ ] Affordable & Licensed Child Care
- [ ] Stable and Affordable Housing
- [ ] Daily organizational skills / Time management
- [ ] Study Skills
- [ ] Understanding how to succeed in college
- [ ] Other (Please be specific)

Please return complete form by fax to 877-234-5025 or email to faxny@statevoucher.org
APPLICATION FOR VA EDUCATION BENEFITS
(VA FORM 22-1990)

Use this form to apply for educational assistance under the following benefit programs:

- Post-9/11 GI Bill chapter 33 of title 38, U.S. Code
- Montgomery GI Bill (MGIB) chapter 30 of title 38, U.S Code
- Montgomery GI Bill - Selected Reserve (MGIB-SSR) chapter 1606 of title 38, U.S. Code
- Reserve Educational Assistance Program (REAP) chapter 1607 of title 10, U.S. Code
- Post-Vietnam Era Veterans' Educational Assistance Program (VEAP) chapter 32 of title 38, U.S. Code, or section 901 or section 902 of Public Law 96-342

INFORMATION AND INSTRUCTIONS
FOR COMPLETING THE APPLICATION FOR VA EDUCATION BENEFITS

Do not use this form to apply for Vocational Rehabilitation and Employment benefits (chapter 31 of title 38, U.S. Code), Dependents Educational Assistance benefits (chapter 35 of title 38, U.S. Code), Transfer of Entitlement, or National Call to Service (section 510 of title 10, U.S. Code). These benefits require different application forms that can be completed on-line and printed at www.va.gov/sfasforms or can be obtained from the nearest VA regional office. They may also be available where you received this application.

INTERNET VERSION AVAILABLE - You may complete and submit this application on-line at www.gibill.va.gov. Click "Apply On Line" and select the "Education" option.

VA VOCATIONAL AND EDUCATIONAL COUNSELING HELP AVAILABLE - If you need help planning your individual educational and career goals, VA offers a wide range of counseling services to help you make these decisions. Services include educational and vocational guidance and such testing as necessary for you to develop a greater understanding of your skills, talents, and interests. For further information on VA counseling, call VA toll-free at 1-888-GI-BILL-1 (1-888-442-4551) or TDD at the Federal Relay, 711.

NOTE: The numbers on the instructions match the item numbers on the application. Items not mentioned are self-explanatory.

Part II

(This section provides an overview of the general eligibility requirements for various education programs. Additional requirements not listed on this form may be necessary.)

ITEM 7. The Department of Treasury requires all Federal benefit payments be made by electronic funds transfer (EFT), also called direct deposit. (Direct Deposit is not available for Chapter 32 recipients.) Please attach a voided personal check or deposit slip or provide the information requested below to enroll in direct deposit. If you do not have a bank account, you must receive your payment through Direct Express Debit MasterCard. To request a Direct Express Debit MasterCard you must apply at www.usdirectexpress.com or by telephone at 1-800-333-1795. If you elect not to enroll, you must contact representatives handling waiver requests for the Department of Treasury at 1-888-224-2950. They will address any questions or concerns you may have and encourage your participation in EFT.

ITEM 9A. You are eligible for benefits under the Post-9/11 GI Bill, also referred to as chapter 33, if you served at least 90 aggregate days on active duty after September 10, 2001. You may also qualify if you were discharged due to a service-connected disability after serving at least 30 continuous days on active duty after September 10, 2001.

ITEM 9B. You are eligible for the Montgomery GI Bill, also referred to as MGIB or chapter 30, if you served on active duty and meet certain conditions. NOTE: You do not have to be on active duty to apply for benefits under this program. You must meet any one of the following conditions (you are additional requirements)

You first entered service on or after July 1, 1985, and you didn't decline this benefit at your initial entry into service

OR

You entered service (or agreed to delayed entry) before January 1, 1977, and you have educational assistance entitlement remaining under the Vietnam Era GI Bill (also known as "chapter 34")

OR

You were voluntarily separated under the Voluntary Separation Incentive (VSI) or Special Separation Benefit (SSB) programs and had your military pay reduced by $1,200

OR

You were involuntarily separated from active duty after February 2, 1991

OR

You were on active duty and a participant in the Post-Vietnam Era Veterans' Educational Assistance Program (VEAP) program on or before October 9, 1996, or you first entered the National Guard under title 32, U S Code, between July 1, 1985, and November 28, 1989, you elected chapter 30 benefits between October 9, 1996, and October 8, 1997, and you paid $1,200

OR

You were on active duty and eligible for VEAP benefits on October 9, 1996, you elected chapter 30 benefits between November 1, 2000, and October 31, 2001, and you paid $2,700.
ITEM 9C. You may be eligible for the Montgomery GI Bill - Selected Reserve Educational Assistance Program, also known as MGIB-SR or chapter 1666, if you are a member of the Selected Reserve and meet certain requirements, including a 6-year commitment. (The Department of Defense and Homeland Security determine eligibility for this program.)

To expedite processing,attach a copy of your DD 2384, Selected Reserve Educational Assistance Program (GI BILL) Notice of Basic Eligibility. This form is also called a “NOTE.” Your reserve unit should have issued this notice to you when you became eligible for the Montgomery GI Bill - Selected Reserve Educational Assistance Program. If you are unable to locate your copy, request a duplicate from your reserve unit.

ITEM 9D. You may be eligible for benefits under the Reserve Educational Assistance Program (REAP), also known as chapter 1607, if you are a member of the Ready Reserve and were called or ordered to active service to support a contingency operation for at least 90 consecutive days on or after September 11, 2001. (The Department of Defense and Homeland Security determine eligibility for this program.)

Attach a copy of any notice of eligibility to this program that you have received from your service component. Also, attach a copy of your orders showing you were called up to active service. If you do not have a copy of your orders, request a duplicate from your unit.

ITEM 9E. You may be eligible for benefits under the Post-Vietnam Era Veterans’ Educational Assistance Program (VEAP), also known as Chapter 32, if your service began on or after January 1, 1977, and before July 1, 1985, and you contributed to a VEAP account.

You may be eligible for benefits under the Post-Vietnam Era Non-Contributory Veterans’ Educational Assistance Program, also known as “Non-Contributory VEAP” or Section 907, if your service began on or after November 30, 1990, and before October 1, 1981, and your branch of service paid contributions into your VEAP account.

ITEM 9F. If you are eligible for MGIB, MGIB-SR, OR REAP, you must elect to give up eligibility under the program for which you are eligible in order to receive benefits under the Post-9/11 GI Bill (chapter 33). If you are eligible for more than one of the programs listed (MGIB, MGIB-SR, and REAP), you are only required to give up one of the programs for which you are eligible in order to receive benefits under the Post-9/11 GI Bill. You may not receive more than a total of 45 months of benefits under two or more programs. If you elect chapter 33 in lieu of chapter 30, your months of entitlement under chapter 33 will be limited to the number of months of entitlement remaining under chapter 30 on the effective date of your election. If you wish to elect to receive benefits under the Post-9/11 GI Bill, check the box next to the program (only check one box) you are giving up.

NOTE: An election to give up benefits under an existing program and receive benefits under the Post-9/11 GI Bill is irrecoverable. You should carefully consider your decision before completing this section. If you need more information to make a choice, you should visit our website at www.gibill.va.gov or call our toll-free customer service number at 1-888-GIBILL-1 (1-888-442-4551).

PART III

ITEM 10A. Self-explanatory, except for the following items:

“Vocational Flight Training.” You must already have a private pilot’s license. If you are taking an Airline Transport Pilot course, you must have a valid first-class medical certificate on the date that you enter training. For all other flight courses, you must have a valid second-class medical certificate on the date that you enter training.

“National Test Reimbursement.” You can be reimbursed for the cost of approved tests for admission to, or credit at, institutions of higher learning.

“Licensing or Certification Test Reimbursement.” A licensing test is a test offered by a state, local, or federal agency that is required by law to practice an occupation. A certification test is a test designed to provide affirmation of an individual’s qualifications in a specific occupation. Examples include EMT, CPA, MCSE, CCNP, etc.

“Tuition Assistance Top-Up” This benefit is payable only under MGIB and the Post-9/11 GI Bill programs. You can receive benefits to pay for the difference between what the military pays with Tuition Assistance (TA) and the total costs of these courses.

PART VIII

QUESTIONS ARE ONLY FOR APPLICANTS WHOSE SERVICE BEGAN BEFORE JANUARY 1, 1977. (or delayed entry before January 2, 1978). If you are currently married or if you have children under age 18 (under age 23 if in school), you should complete and return VA Form 21-686c. If your children are in school, you should also complete and return VA Form 21-674 for each child. If your parent(s) are dependent on you for financial support, you should complete and return VA Form 21-509. These forms may require additional documentation. VA cannot pay any additional benefits for dependents without properly completed forms and documentation. You can find VA forms 21-686c, 21-674, and 21-509 on-line at www.va.gov/vaforms.

ITEM 23. If you are certifying that you are married for the purpose of VA benefits, your marriage must be recognized by the place where you and/or your spouse resided at the time of marriage, or where you and/or your spouse resided when you filed your claim (or a later date when you became eligible for benefits) (38 U.S.C. § 103(e)). Additional guidance on when VA recognizes marriages is available at www.va.gov/opa/marriage.

ADDITIONAL HELP

If you need more help in completing this application, call VA TOLL FREE at 1-888-GI-BILL-1 (1-888-442-4551). If you use the Telecommunications Device for the Deaf (TDD), the Federal Relay number is 711. You can also get education assistance after normal business hours at our education internet site www.gibill.va.gov.

HOW TO FILE YOUR CLAIM

Be sure to do the following:

(A) If you have selected a school or training establishment:

Step 1: Mail the completed application to the VA Regional Processing Office for the region of that school’s physical address. See next page for the addresses of these VA Regional Processing Offices.
Step 1: Mail the completed application to the VA Regional Processing Office for the region of your home address. See next page for the addresses of these VA Regional Processing Offices.

Step 2: Wait for VA to process your application and notify you of its decision concerning your eligibility for education benefits.

**Eastern Region:**
VA Regional Office
P. O. Box 4616
Buffalo, NY 14240-4616

**Serves the following states:**
- CT
- DE
- DC
- ME
- MD
- MA
- NH
- NJ
- NY
- PA
- RI
- VT
- VA
- Foreign Schools

**Southern Region:**
VA Regional Office
P. O. Box 100022
Decatur, GA 30031-7022

**Serves the following states:**
- GA
- NC
- PR
- US Virgin Islands
- APO/FPO AA

**Central Region:**
VA Regional Office
P. O. Box 66830
St. Louis, MO 63166-6830

**Serves the following states:**
- CO
- IA
- IL
- IN
- KS
- KY
- MI
- MN
- MO
- MT
- NE
- ND
- OH
- SD
- TN
- WV
- WI
- WY

**Western Region:**
VA Regional Office
P. O. Box 8888
Muskogee, OK 74402-8888

**Serves the following states:**
- AK
- AL
- AR
- AZ
- CA
- FL
- ID
- LA
- MS
- NM
- NV
- OK
- OR
- SC
- TX
- UT
- WA
- Philippines
- Guam
- APO/FPO AP

Privacy Act Notice: The VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or title 38, Code of Federal Regulations, section 1.576 for routine use (e.g., VA sends educational forms or letters with a veteran's identifying information to the veteran's school or training establishment to (1) assist the veteran in the completion of claims forms or (2) for the VA to obtain further information as may be necessary from the school for the VA to properly process the veteran's education claim or to monitor his or her progress during training) as identified in the VA system of records, 58VA2122/28, Compensation, Pension, Education, and Vocational Rehabilitation and Employment Records - VA, and published in the Federal Register. Your obligation to respond is required to obtain or retain education benefits. Giving us your SSN account information is voluntary. You are not required to provide your SSN by itself. This information is not required to be provided by VA to obtain benefits. The VA will keep any information provided, including the SSN, confidential as required by law. If you provide personal addressing and background information, you may also be required to submit this information to VA's credit card processing agency. If the information is not provided, you may be required to provide alternate methods of identification. Your privacy is important to us. The information you provide is subject to the protection of Federal law. You may be eligible to challenge the information you provide to VA. If you do not wish to disclose this information, you may do so by providing written notice to VA. You have the right to review and request amendment to the information on this form. You may contact the Privacy Officer at VA Central Office, 810 Vermont Avenue, NW, Washington, DC 20420, or call 800-827-1000. You have the right to review and request amendment to any information collected on this form. If you do not wish to disclose this information, you may do so by providing written notice to VA. You have the right to review and request amendment to the information collected on this form. You may contact the Privacy Officer at VA Central Office, 810 Vermont Avenue, NW, Washington, DC 20420, or call 800-827-1000.
APPLICATION FOR VA EDUCATION BENEFITS

PART I - APPLICANT INFORMATION

1. SOCIAL SECURITY NUMBER OF APPLICANT

2. SEX OF APPLICANT
   - MALE
   - FEMALE

3. APPLICANT'S DATE OF BIRTH
   - Month
   - Day
   - Year

4. NAME (First, Middle, Initial, Last)

5. APPLICANT'S ADDRESS
   - Number and Street
   - City, State, Zip Code
   - Apt/Unit Number

6A. APPLICANT'S TELEPHONE NUMBERS
   - Primary:
   - Secondary:

6B. APPLICANT'S E-MAIL ADDRESS

7. DIRECT DEPOSIT (Attach voided personal check or provide the following information. Direct Deposit is not available for Chapter 35 recipients. See instructions for additional Direct Deposit information.)
   - Routing or Transit Number
   - Account Type
   - Account Number
   - Checking
   - Savings

8. PLEASE PROVIDE THE NAME, ADDRESS AND PHONE NUMBER OF SOMEONE WHO WILL ALWAYS KNOW WHERE YOU CAN BE REACHED
   - A. NAME
   - B. ADDRESS
   - C. PHONE NUMBER

PART II - EDUCATION BENEFIT BEING APPLIED FOR

- VA. Chapter 33 - Post-9/11 GI Bill (Complete 8F if you are eligible for chapter 30, chapter 1606, or chapter 1607)
- 9B. Chapter 30 - Montgomery GI Bill Educational Assistance Program (MGB)
- 9C. Chapter 1606 - Montgomery GI Bill - Selected Reserve Educational Assistance Program (MIB-SR)
- 9D. Chapter 1607 - Reserve Educational Assistance Program (REAP)
- 9E. Chapter 32 or Section 803 - Post-Vietnam Era Veterans Educational Assistance Program (FEAP)
- SF. By electing Chapter 33, I acknowledge that I understand the following:
  - I may not receive more than a total of 48 months of benefits under two or more programs.
  - If electing chapter 33 in lieu of chapter 30, my months of entitlement under chapter 33 will be limited to the number of months of entitlement remaining under chapter 30 on the effective date of my election.
  - My election is irrevocable and may not be changed.

I elect to receive chapter 33 education benefits in lieu of the education benefit checked below, effective ____________________ (date)

- Chapter 30 - Montgomery GI Bill Educational Assistance Program (MGB)
- Chapter 1606 - Montgomery GI Bill - Selected Reserve Educational Assistance Program (MIB-SR)
- Chapter 1607 - Reserve Educational Assistance Program (REAP)

PART III - TYPE AND PROGRAM OF EDUCATION OR TRAINING

- 10A. TYPE OF EDUCATION OR TRAINING
   - COLLEGE OR OTHER SCHOOLS (Including on-line courses)
   - VOCATIONAL TRAINING
   - NATIONAL TEST REIMBURSEMENT (Cert, Llp, Icu)
   - LICENSING OR CERTIFICATION TEST REIMBURSEMENT (e.g., CCNA, EMT, NLEA, ETC)
   - APPRENTICESHIP OR ON-THE-JOB
   - CORRESPONDENCE
   - TUITION ASSISTANCE TOPUP (Chapter 16A, 31, Vfw)

VA DATE STAMP

(Do Not Write In This Space)
### PART IV - SERVICE INFORMATION

**NOTE:** It will help VA process your claim if you send a copy of the following:
- DD Form 214 (Member 4) for all periods of active duty service (excluding active duty for training).
- DD Form 2384, Notice of Basic Eligibility (NOBE) if applying for Chapter 1607.
- Copies of orders if activated from the guard/reserves.

11. ARE YOU NOW ON ACTIVE DUTY? (Do not check "Yes" if you are currently on drilling status in the Selected Reserve, or if you are on active duty for training)
   - [ ] Yes
   - [ ] No

12. ARE YOU NOW ON TERMINAL LEAVE JUST BEFORE DISCHARGE?
   - [ ] Yes
   - [ ] No
   (Please provide a copy of your DD Form 214 (Member 4) when issued)

13. PLEASE COMPLETE THE FOLLOWING FOR EACH PERIOD OF MILITARY SERVICE

<table>
<thead>
<tr>
<th>A. DATE ENTERED</th>
<th>B. DATE SEPARATED</th>
<th>C. SERVICE COMPONENT (Ex.)</th>
<th>D. SERVICE STATUS (Active duty, drilling reserve, IRR, etc.)</th>
<th>E. WERE YOU INVOLUNTARILY CALLED TO ACTIVE DUTY FOR THIS PERIOD?</th>
</tr>
</thead>
<tbody>
<tr>
<td>9/26/2000</td>
<td>9/24/2004</td>
<td>USMC (EXAMPLE)</td>
<td>ACTIVE DUTY</td>
<td>NO</td>
</tr>
<tr>
<td>1/18/2005</td>
<td>8/14/2007</td>
<td>USMCR</td>
<td>DRILLING</td>
<td>N/A</td>
</tr>
<tr>
<td>8/15/2007</td>
<td>Present</td>
<td>USMC</td>
<td>ACTIVE DUTY</td>
<td>YES</td>
</tr>
</tbody>
</table>

### PART V - EDUCATION AND EMPLOYMENT INFORMATION

14A. DID YOU RECEIVE A HIGH SCHOOL DIPLOMA OR HIGH SCHOOL EQUIVALENCY CERTIFICATE? (If "Yes," provide date)
   - [ ] Yes
   - [ ] No

14B. DO YOU HOLD ANY FAA FLIGHT CERTIFICATES? (If "Yes," specify each certificate in Part VI, Remarks)
   - [ ] Yes
   - [ ] No

14C. EDUCATION AFTER HIGH SCHOOL (Including apprenticeship, on-the-job training, and flight training)

<table>
<thead>
<tr>
<th>NAME AND LOCATION OF COLLEGE OR OTHER TRAINING PROVIDER</th>
<th>DATES OF TRAINING</th>
<th>NUMBER AND TYPE OF HOURS</th>
<th>DEGREE, DIPLOMA, OR CERTIFICATE RECEIVED</th>
<th>MAJOR FIELD OR COURSE OF STUDY</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>FROM</td>
<td>TO</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*VA FORM 22-1990, NOV 2014 PAGE 2 OF 4*
<table>
<thead>
<tr>
<th>EMPLOYMENT</th>
<th>PRINCIPAL OCCUPATION</th>
<th>NUMBERS OF MONTHS WORKED</th>
<th>LICENSE OR RATING</th>
</tr>
</thead>
<tbody>
<tr>
<td>BEFORE MILITARY SERVICE</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AFTER MILITARY SERVICE</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**PART VI - ENTITLEMENT TO AND USAGE OF ADDITIONAL TYPES OF ASSISTANCE**

15. DID YOU MAKE ADDITIONAL CONTRIBUTIONS (UP TO $500.00) TO INCREASE THE AMOUNT OF YOUR MONTHLY BENEFITS? IF "YES," IT WILL HELP VA PROCESS YOUR CLAIM IF YOU SUBMIT ANY EVIDENCE YOU HAVE TO SUPPORT YOUR CLAIM (E.G., CASH RECEIPT, WAGER, BONDS, EARNED STATEMENT, DEED, ESTATE, ETC.).  

16. DO YOU QUALIFY FOR A KICKER (sometime called a "College Fund") BASED ON YOUR MILITARY SERVICE? 
Active Duty Kicker  [ ] Yes [ ] No 
Reserve Kicker [ ] Yes [ ] No  
Kickers are additional amounts contributed by DOD to an education fund. If you qualify for a kicker, it will help VA process your claim if you submit a copy of the agreement. Reserve kicker contracts must include the amount and effective date.

17. IF YOU GRADUATED FROM A MILITARY SERVICE ACADEMY, SPECIFY THE YEAR YOU GRADUATED AND RECEIVED YOUR COMMISSION.  
Graduation Year __________

18. WERE YOU COMMISSIONED AS THE RESULT OF A SENIOR ROTC (Reserve Officers Training Corps) SCHOLARSHIP? 
If you received your commission through a non-scholarship program, check "No." If "Yes," provide the date of your commission and the amount of your scholarship for each school year you were in the Senior ROTC program. Don't report your monthly subsistence allowance (allowance).  
Scholarship Amounts.

<table>
<thead>
<tr>
<th>Year</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

19. ARE YOU CURRENTLY PARTICIPATING IN A SENIOR ROTC SCHOLARSHIP PROGRAM THAT PAYS FOR YOUR TUITION, FEES, BOOKS AND SUPPLIES UNDER SECTION 2107 OF THE TITLE 10, U.S. CODE?  
[ ] Yes [ ] No

20. IF YOU HAD A PERIOD OF ACTIVE DUTY THAT THE DEPARTMENT OF DEFENSE COUNTS FOR PURPOSES OF REPAYING AN EDUCATION LOAN, CHECK "YES." SHOWN THE PERIOD OF ACTIVE DUTY THAT THE MILITARY CONSIDERS AS BEING USED FOR THE PURPOSES OF REPAYING THIS EDUCATION LOAN IN PART IX "REMARKS."  
[ ] Yes [ ] No

21. FOR ACTIVE DUTY CLAIMANTS ONLY: ARE YOU RECEIVING, OR DO YOU ANTICIPATE RECEIVING, ANY MONEY (INCLUDING BUT NOT LIMITED TO, FEDERAL TUITION ASSISTANCE) FROM THE ARMED FORCES OR PUBLIC HEALTH SERVICE FOR THE COURSE FOR WHICH YOU HAVE APPLIED TO THE VA FOR EDUCATION BENEFITS? IF YOU RECEIVE SUCH BENEFITS DURING ANY PART OF YOUR TRAINING, CHECK "YES." NOTE: IF YOU ARE ONLY APPLYING FOR TUITION ASSISTANCE TOP-UP, CHECK NO IN THIS ITEM.  
[ ] Yes [ ] No

22. FOR CIVILIAN EMPLOYEES OF THE U.S. GOVERNMENT ONLY, ARE YOU RECEIVING, OR DO YOU ANTICIPATE RECEIVING, ANY MONEY (INCLUDING, BUT NOT LIMITED TO, THE GOVERNMENT EMPLOYEES TRAINING ACT) FROM YOUR AGENCY FOR THE SAME PERIOD FOR WHICH YOU HAVE APPLIED TO THE VA FOR EDUCATION BENEFITS? IF YOU WILL RECEIVE SUCH BENEFITS DURING ANY PART OF YOUR TRAINING, CHECK "YES."  
[ ] Yes [ ] No
PART VII - INFORMATION ON VA EDUCATION BENEFITS

NOTE: The most current information on VA education benefits is available online at www.gibill.va.gov.
If you would like to receive a printed pamphlet check here: ☐

PART VIII - MARITAL AND DEPENDENCY STATUS

NOTE: Only complete this section if you have military service before January 1, 1977 (or delayed entry before January 2, 1978). See instructions.

23. ARE YOU MARRIED?
☐ YES ☐ NO

24. DO YOU HAVE ANY CHILDREN WHO ARE UNDER AGE 18, OR OVER 18 BUT UNDER AGE 23, NOT MARRIED AND ATTENDING SCHOOL, OR OF ANY AGE PERMANENTLY HELPLESS FOR MENTAL OR PHYSICAL REASONS?
☐ YES ☐ NO

25. DO YOU HAVE A PARENT WHO IS DEPENDENT UPON YOU FOR FINANCIAL SUPPORT?
☐ YES ☐ NO

PART IX - REMARKS

(If more space is needed, please attach a separate sheet of paper. Be sure to include your name and social security number on each sheet)

APPLICATION SUBMISSION REMINDERS

Did you remember to ........

• Write your social security number on each page?
• Write your complete mailing address?
• Attach all supporting documents (e.g. voided check, orders, DD214, kicker contract, NOBE, cash collection voucher, etc.)?

IF SO, PLEASE SIGN AND DATE THE APPLICATION BELOW

PART X - CERTIFICATION AND SIGNATURE OF APPLICANT

I CERTIFY THAT all statements in my application are true and correct to the best of my knowledge and belief. If on active duty, I also certify that I have consulted with an Education Service Officer (ESO) regarding my education program.

PENALTY - Willful false statements or to a material fact in a claim for education benefits is a punishable offense and may result in the forfeiture of these or other benefits and in criminal penalties

26A. SIGNATURE OF APPLICANT (PRINTED) ______________________________________

26B. DATE SIGNED __________________________
Dear Applicant:

Thank you for your interest in the Helena Rubinstein Continuing Education Scholarship Fund for Career Advancement. This scholarship fund was created through an endowment from the Helena Rubinstein Foundation in 2011 supports students in continuing education programs. The Scholarship is open to individuals who seek to advance their careers through education and training, and who do not have access to other sources of funding that can pay for tuition and fees. Scholarship applicants may also be individuals who are unemployed or seeking a career change.

While exceptions may be made, particularly for those educated in other countries, scholarship awards are not generally given to those who have earned more than 60 college credits and/or an associate or bachelor’s degree. Scholarships are paid directly to the college where the student is enrolled. The scholarship does not support degree program studies.

If you have questions about the scholarship or your certificate program, please consult your college's scholarship liaison.

The Scholarship:

- Covers up to 90% of tuition (fees and books not included)
- Is awarded for programs that prepare individuals for jobs where there are currently open positions
- Expires at the end of each CUNY financial year (June 30th, 2017)

All applicants are required to submit:

- A signed and completed application form, including essays
- A college application supplement completed by the college
- Verification of income: your most recent tax return OR proof of Unemployment benefits, Social Security benefits, Disability benefits, SNAP (food stamps), Medicaid, TANF/Cash assistance, or any other form of public assistance. The document must state the dates for which you are eligible for benefits and/or services. Pay stubs are an acceptable form of documentation for foreign students only. Foreign students must also provide a copy of a picture ID. If you do not provide one of the requested financial documents your application will not be reviewed.
  - COVER OR BLACK OUT ALL SOCIAL SECURITY NUMBERS
- A letter of recommendation from a current or former work supervisor is not required, but may also be included with your application

The deadline to receive all items is January 6th, 2017. Our main form of communication is e-mail. Please be sure to check your e-mail regularly during the application process.

We strongly recommend that you submit this application in advance of the deadline as much as possible, as your college must complete additional items ahead of the deadline.

Any items received post-deadline will not be considered for review. All information entered in this application will be kept strictly confidential.

Your scholarship liaison will email completed application forms to:

Andrea Savinovich
Office of Academic Affairs
City University of New York
16 Court Street, 32nd Floor
Brooklyn, NY 11241
Andrea.Savinovich@cuny.edu

12/1/2016
<table>
<thead>
<tr>
<th>College</th>
<th>Scholarship Liaisons</th>
</tr>
</thead>
<tbody>
<tr>
<td>York College</td>
<td>Janet Hunter, Dawn Pickren, Josephine Geasale, Josephine Troia, David Peddera, Debra Anderson</td>
</tr>
<tr>
<td>Queens College</td>
<td></td>
</tr>
<tr>
<td>Queensborough Community College</td>
<td></td>
</tr>
<tr>
<td>New York City College of Technology</td>
<td></td>
</tr>
<tr>
<td>Medgar Evers College</td>
<td></td>
</tr>
<tr>
<td>Lehman College</td>
<td></td>
</tr>
<tr>
<td>LaGuardia Community College</td>
<td></td>
</tr>
<tr>
<td>Kingsborough Community College</td>
<td></td>
</tr>
<tr>
<td>Hunter College</td>
<td></td>
</tr>
<tr>
<td>Hunter College</td>
<td></td>
</tr>
<tr>
<td>Hostos Community College</td>
<td></td>
</tr>
<tr>
<td>CUNY in the Heights</td>
<td></td>
</tr>
<tr>
<td>College of Staten Island</td>
<td></td>
</tr>
<tr>
<td>City College</td>
<td></td>
</tr>
<tr>
<td>Bronx Community College</td>
<td></td>
</tr>
<tr>
<td>Bronx Community College</td>
<td></td>
</tr>
<tr>
<td>Borough of Manhattan Community College</td>
<td></td>
</tr>
<tr>
<td>Borough of Manhattan Community College</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Contact Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Phone</td>
<td></td>
</tr>
<tr>
<td>E-mail</td>
<td></td>
</tr>
<tr>
<td>Direct Phone</td>
<td></td>
</tr>
<tr>
<td>Scholarship Liaisons</td>
<td></td>
</tr>
</tbody>
</table>
CITY UNIVERSITY OF NEW YORK Office of Continuing and Professional Education
Helena Rubinstein Continuing Education Scholarship Fund for Career Advancement

COVER PAGE

Name of applicant: ____________________________________________________________

College: ___________________________________________________________________

Applicant’s Signature:

I, ____________________________________________, certify that I have read and understood all instructions accompanying this application and have answered all questions truthfully and to the best of my knowledge. I understand that any misrepresentation or omission may be cause for rejection of my scholarship application.

__________________________________________  ________________
Signature of Applicant  Date

Dean or Director’s Signature:

I, ____________________________________________, certify that this application has been reviewed by my office and that this applicant is deemed to be both financially in need of scholarship support, and to be seeking enrollment in a course that will support his or her career advancement.

__________________________________________  ________________
Signature of Dean or Director of Continuing Education  Date

Application Checklist:

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Cover Page</td>
<td>Page 3</td>
</tr>
<tr>
<td>Application Form</td>
<td>Pages 4-6</td>
</tr>
<tr>
<td>Essays</td>
<td>Page 7</td>
</tr>
<tr>
<td>Information Release Form</td>
<td>Page 8</td>
</tr>
<tr>
<td>College Application Supplement</td>
<td>Page 9</td>
</tr>
<tr>
<td>(completed by college)</td>
<td></td>
</tr>
<tr>
<td>Income Verification</td>
<td>Attachment</td>
</tr>
</tbody>
</table>

12/1/2016
APPLICATION

PLEASE TYPE OR PRINT LEGIBLE IN INK

CONTACT INFORMATION

Last Name: ____________________________ First Name: __________________________

Permanent home address: ___________________________________________________ Apt #: ________

City: ____________________________ State: _______ Zip Code: ________________________

Home Phone: ______________________ Cell Phone: ________________________________

Email address, REQUIRED: ________________________________________________________

PRESENT EMPLOYMENT

Are you currently employed? Circle one: Yes / No

Organization Name: _____________________________________________________________

Organization Address: ___________________________________________________________

Current Job Title: _______________________________________________________________

Description of Duties: ___________________________________________________________

________________________________________

12/1/2016
### PREVIOUS EMPLOYMENT

Please list employment related to the program you plan to attend:

<table>
<thead>
<tr>
<th>Dates</th>
<th>Employer</th>
<th>Job title</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### EDUCATIONAL BACKGROUND

What is your highest level of education?  

Name of College/University:  

Dates of Attendance:  

Please list any other certificates or degrees you have achieved:

<table>
<thead>
<tr>
<th>Dates</th>
<th>College/Institution</th>
<th>Degree / Certificate</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

12/1/2016
CONTINUING EDUCATION PROGRAM INFORMATION

College: 

Program: 

Does the program result in certification? Circle one: Yes / No

Certification(s) received upon completion: 

Does the program include an internship or other work experience? Circle one: Yes / No

Use this section to list your requested courses. Be sure to include your course name, course start date and the cost per course. Please list all information accurately and print clearly.


Total Tuition Cost: $ 

Cost of Registration Fees and Exams: $ 

The Helena Rubinstein Scholarship will cover up to 90% of the total cost. Books and equipment fees are not included.

Have you previously enrolled in other courses within the certificate? Circle one: Yes/No

If so, please describe: 


12/1/2016
PERSONAL ESSAYS

The essays are our primary means of getting to know you; please consider your responses carefully and provide as much detail as needed.

Please write two personal essays to answer the following questions. Your essays are a crucial component to your application:

ESSAY 1 (up to one page): Why are you in need of financial support in order to enroll in this course or program?

ESSAY 2 (up to one page): What are your academic and career goals? How will your requested course or program help you to achieve your career goals?

Each essay should be typed in 12 point font.

12/1/2016
INCOME VERIFICATION

Total household income, 2015: ____________________________

Are you being financially supported, or does anyone claim you as a dependent? Yes/No

Please Describe: ________________________________________

Do you have children or other dependents that you are supporting? Yes/No

Please Describe: ________________________________________

For verification for income provide documentation such as your most recent tax return. If you do not have a tax return, provide TANF/Cash assistance benefits; statement of Social Security or Disability benefits; proof of receipt of Unemployment insurance benefits or proof of public assistance, such as SNAP or Medicaid. The document must state the dates for which you are eligible for benefits and/or services. If you are being financially supported by someone, please provide their financial information.

- Cover or black out all social security numbers.

Please check which income verification document(s) you are submitting, you may select more than one:

☐ Most recent tax return document
☐ Paystub and photo identification, this type of income verification is for foreign students ONLY
☐ Proof of Unemployment
☐ Proof of Social Security benefits
☐ Proof of Disability benefits
☐ Proof of SNAP benefits, Medicaid, TANF/Cash assistance or any other form of public assistance

12/1/2016
DEMOGRAPHICS

Date of Birth: ________________________________

Gender, Circle one: Male / Female / Other / No Response

Ethnic Identity (optional): (check all that apply)

___ Black/African American (Non-Hispanic)
___ Hispanic/Latino
___ White/Caucasian (Non-Hispanic)
___ Native American or Alaskan Native
___ Asian/Pacific Islander
___ Other (please specify) ________________________________

Are you a U.S. Citizen, U.S. National, or Resident Alien expecting citizenship by the date of award? Circle one: Yes / No

Are you a U.S. veteran? Circle one: Yes / No

12/1/2016
Helena Rubinstein Continuing Education Scholarship Fund for Career Advancement

Print Name: ______________________________

Dear Helena Rubinstein Scholarship Applicant,

The Scholarship releases demographic information to the Helena Rubinstein Foundation. In addition, we would like to describe scholarship awardees' experiences to future applicants. The optional forms below are for these purposes.

**INFORMATION RELEASE FORM**

The purpose of the Family Educational Rights and Privacy Act (FERPA) is to protect the privacy of information concerning individual students by placing certain restrictions on the disclosure of information contained in a student's university records. I understand that I have the right not to consent to the release of my educational records and I have the right to receive a copy of such records upon request.

Should I be awarded a scholarship, I, the undersigned, hereby authorize the City University of New York to release the following educational records and information to personnel of the Helena Rubinstein Foundation, 477 Madison Avenue, New York, NY 10022:

1. My name and demographic information contained in the application for the scholarship, such as my age, gender and ethnicity.
2. Information regarding the course to which my scholarship is applied, and confirmation that I enroll in and complete the course.

This information may be released for the purpose of providing information about scholarship recipients and continuing education coursework undertaken with support from the Foundation.

I understand that it will be necessary to send a written request to revoke this authorization.

Signed: _______________________________ Date: _______________________________

**PHOTOGRAPH AND QUOTATION RELEASE FORM**

I, ________________________________, hereby give my consent and authorize the City University of New York, to take and disseminate my photograph and quotes and to release appropriate identifying information in marketing the Helena Rubinstein Continuing Education Scholarship Fund for Career Advancement. I understand that these materials and identifying information will be used to promote public awareness of this scholarship opportunity for prospective continuing education students.

Please check which options you are comfortable with in reference to the use of your photograph and quotes:

- [ ] a) I agree to option “a” and not “b”
- [ ] b) I agree to both “a” and “b”

12/1/2016
Office of Continuing Education and Workforce Programs
CITY UNIVERSITY OF NEW YORK
Helena Rubinstein Continuing Education Scholarship Fund for Career Advancement

COLLEGE APPLICATION SUPPLEMENT

This application supplement must be filled out by the college endorsing the named scholarship applicant. Preference in granting these scholarships will be given to programs that address specific labor-market demands and can provide information on employment outcomes for students in the targeted program.

Name of applicant: ____________________________________________

College: ______________________________________________________

Program Name: ________________________________________________

Total program hours: __________________________________________

How many students enrolled in this program during the last calendar year? ______________

How many students completed this program during the last calendar year? ______________

Approximately how many program graduates have found employment in a related field during the last calendar year?

Students found employment: __________

Source of employment data: _______________________________________

12/1/2016
ProTrain Payment Plan - To help you still get that education you need to get on your career pathway, you merely pay ProTrain 50% down and start your payment plans, with the remaining balance divided by 4. When ProTrain has 100% of the retail, we enroll you in your course. If you change your mind, you call us and we refund your money that we have been holding against your learning plan.

To learn more about this or other options, please contact a Training Assessment Manager at 1-800-371-2963 or email us at protrain@protrainedu.org.

We look forward to working with you on your Education 2 Employment success!

Or click one of the logos below to learn more about other tuition assistance options.
THE TERMS OF THIS CONTRACT ARE CONTAINED ON MORE THAN ONE PAGE.

SAMPLE

TUITION PAYMENT PLAN

(Saturday)

BUYER'S NAME AND ADDRESS
Name: 


SELLER'S NAME AND ADDRESS
Name: York College

Address: Continuing & Professional Education:

94-20 Guy Brewer Blvd. Rm 2F01B

Jamaica, NY 11451

Phone: 718-262-2790

Student's Name:

Definitions: In this Retail Installment Contract ("Contract") the words "I," "me," "my," and "mine" mean the Buyer who signs this Contract. "You," "your," and "yours" mean the Seller listed above and any subsequent holder of this Contract, as well as their affiliates and agents. "Student" means the student identified above.

In exchange for the purchase of education-related services provided by Seller to student, I have elected to pay to the Seller the Tuition Amount, or the remaining portion of the Tuition Amount, in installments as shown below in accordance with this Contract.

I understand that payments will be deducted automatically from my credit card on the dates specified below. I understand that no finance charges are being assessed on the amount that I owe, but that I may incur late charges and certain other fees as described in this contract.

<table>
<thead>
<tr>
<th>ANNUAL PERCENTAGE RATE</th>
<th>Processing Fee</th>
<th>Amount Financed</th>
<th>Total of Payments</th>
</tr>
</thead>
<tbody>
<tr>
<td>The cost of credit as a yearly rate. 0%</td>
<td>The dollar amount the credit will cost you. $50</td>
<td>The amount of credit provided to you or on your behalf. $1119.00</td>
<td>The amount you will have paid after you have made all scheduled payments. $2369.00</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Number of Payments</th>
<th>Deposit + Fees</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$2299 + $20 reg. fee + $50 processing fee = $2369.00</td>
<td>$280.00</td>
<td>November 10, 2016</td>
</tr>
<tr>
<td>2</td>
<td>$280.00</td>
<td>$280.00</td>
<td>December 08, 2016</td>
</tr>
<tr>
<td>3</td>
<td>$280.00</td>
<td>$280.00</td>
<td>January 13, 2017</td>
</tr>
<tr>
<td>4</td>
<td>$279.00</td>
<td>$279.00</td>
<td>February 9, 2017</td>
</tr>
</tbody>
</table>

**Payment Plan**

A written request received by mail, fax (718-262-2570) or e-mail contca@york.cuny.edu. Refund requests by telephone are not accepted. Refunds are calculated from the date we receive your written request regardless of the date of registration. Request received before the first session, student will receive a refund of 100% of tuition paid, request received before the second session, student will receive a refund of 75% of course tuition regardless of amount paid; minus the cost of textbooks received, payment plan fee and registration fee. There will be no refund thereafter for any reason.

There will be a $25.00 late fee, for each payment that is made after the payment date.

THE TERMS OF THIS CONTRACT ARE CONTAINED ON MORE THAN ONE PAGE.
1. Payment Return Fee: If we attempt to deduct a payment, and that payment is declined by your credit card company for any reason, you agree to pay a charge of $35 for each payment that is returned. If your payment is declined, you must arrange a payment within 5 days or you will no longer be permitted to attend classes.

2. Right to Prepay: You have the right to prepay all or any part of your obligation under this Contract at any time without penalty.

3. Default: If you fail to pay any installment under this Contract when due, then subject to applicable law and after the Seller provides a notice, the Seller may declare the entire unpaid balance and all other fees due under this Contract to be immediately due and payable. Additionally, if you fail to pay any installment when due, you understand and acknowledge that the Seller will stop providing any or all of the services that the Student is receiving under this Contract.

4. Provisions: Installment Note

   $1119.00 (Payment Installment Note) __________________________ (Date)

   For the value received, the undersigned __________________________ (“Buyer”)

   __________________________ (Address)

   Promises to pay to the order of York College, CUNY (“Lender”) the face value note of $1119.00

   The amount payable on the dates listed above (“Payment Schedule”) of $280, until the last payment date, at which time the remaining late fees, if any, shall be due in full.

5. Prepayment. The Borrower reserves the right to prepay this Note (in whole or in part) prior to the Due Date with no prepayment penalty.

6. Collection Costs, Attorney’s Fees, and Late Charge. If any payment obligation under this Note is not paid when due, the Borrower promises to pay all costs of collection, including reasonable attorney fees, whether or not a lawsuit is commenced as part of the collection process, without protest of any kind, legal or otherwise.

7. Default Events. If any of the following events of default occur, this Note and any other obligations of the Buyer to the Seller, shall become due immediately, without demand or notice:

   1) Failure of the Buyer to pay the monthly installment payment on or before the Installment Due Date;

   2) Death of the Buyer;

   3) Filing of bankruptcy proceedings involving the Buyer;

8. Additional Seller Rights. No renewal or extension of this Note, delay in enforcing any right of the Seller under this Note. All rights of the Seller under this Note are cumulative and may be exercised concurrently or consecutively at the Lender’s option.


   Any notice required by this Agreement or given in connection with it, shall be in writing and shall be given to the appropriate party by mail. Please ensure that you provide a mailing address that you will be checking frequently as this is the address we will send notices to.

   Buyer: ____________________________________________________________.

THE TERMS OF THIS CONTRACT ARE CONTAINED ON MORE THAN ONE PAGE.
10. No Waiver.

The waiver or failure of either party to exercise in any respect any right provided in this agreement shall not be deemed a waiver of any other right or remedy to which the party may be entitled.

11. Entirety of Agreement.

The terms and conditions set forth herein constitute the entire agreement between the parties and supersede any communications or previous agreements with respect to the subject matter of this Agreement. There are no written or oral understandings directly or indirectly related to this Agreement that are not set forth herein. No change can be made to this Agreement other than in writing and signed by both parties.


This Agreement shall be construed and enforced according to the laws of the State of New York and any dispute under this Agreement must be brought in this venue and no other.

13. Headings in this Agreement

The headings in this Agreement are for convenience only, confirm no rights or obligations in either party, and do not alter any terms of this Agreement.


If any term of this Agreement is held by a court of competent jurisdiction to be invalid or unenforceable, then this Agreement, including all of the remaining terms, will remain in full force and effect as if such invalid or unenforceable term had never been included.

15. You understand that the Seller is located in the State listed above and this Contract will be entered into in the same State. Consequently, the provisions of this Contract will be governed by federal law and the laws of that State to the extent not preempted, without regard to conflict of law rules.

16. Applicability of Provisions: If any of the provisions contained in this Contract are in conflict with any applicable laws or statutes, the appropriate laws or statutes will apply. All other provisions of this Contract, however, will remain in effect.

17. You acknowledge that you have received a copy of this Contract. This contract is not negotiable; you cannot transfer this contract to another buyer.

In Witness whereof, the parties have executed this Agreement as of the date first written above.

Buyer’s Name (Please Print) _______________________________ Eartha White
York College, CUNY, Continuing & Professional Education
Agent’s Name (Please Print) _______________________________

Buyer’s Signature  _______________________________ York College, CUNY, Continuing & Professional Education
Signature of Seller’s Agent _______________________________

Date _______________________________

THE TERMS OF THIS CONTRACT ARE CONTAINED ON MORE THAN ONE PAGE.
Cardholder's Name: ____________________________
Cardholder's Signature: ____________________________

ACKNOWLEDGMENT

I understand that if I do not pay in full by the last "Due Date", I will not be permitted to begin an externship, and I will not receive a certificate for any portion of the program.

__________________________
Buyer’s Name (Please Print)

__________________________
Buyer’s Signature

__________________________
Date

THE TERMS OF THIS CONTRACT ARE CONTAINED ON MORE THAN ONE PAGE.