

**RELEASE FORM / PROMISSORY NOTE FOR OPEN ENROLLMENT PARTICIPATION IN THE  
WORKFORCE CREDENTIAL GRANT**

**Today's Date:** \_\_\_\_\_

I, \_\_\_\_\_, am enrolling in: \_\_\_\_\_, as part of the New Economy Workforce Credential Grant Program (WCG). As a condition to receiving a grant, I agree to the following terms and conditions:

**FOR STUDENTS RESPONSIBLE FOR PAYING FOR THEIR COURSE:**

If I do not successfully complete the course by earning an "S" grade within thirty (30) days of the course end date, I agree to pay an additional 1/3 of the total course cost to: \_\_\_\_\_ Community College. If I earn an "S" grade within thirty (30) days of the program end date, I will not have any further financial obligations to the College for this course.

If I must pay an additional amount, I understand and agree to the following terms:

- A. I agree that I must pay all the money I owe to the College, although there may be reasons under the law that would reduce the amount that I owe. I also agree not to claim that I do not owe the money to the College. This means that homestead and all other exemptions, presentations, demand, protest and notice of dishonor are hereby waived by the undersigned.
- B. If the College does not receive payment within the timeframe noted in the College policy, I understand and agree that the Commonwealth will take all actions, including debt set-off, to collect the money I owe to the College.
- C. I also agree to pay all associated collection costs and/or attorney's fees if necessary to collect the money I owe to the College.

**FOR STUDENTS WHOSE COMPANY IS PAYING FOR THEIR COURSE:**

I understand in the case where the College has an agreement with my employer covering my specific participation in this New Economy Workforce Credential Grant Program (WCG) course, I will not be responsible for the additional 1/3 of the total course cost should I not successfully complete the course by earning an "S" grade within thirty (30) days of the course end date. I acknowledge and understand that I may owe my employer the additional 1/3 of the total course cost under a separate agreement or other arrangement, if I do not successfully complete the course.

**FOR ALL STUDENTS:**

1. I understand the purpose of the WCG is to financially assist me to gain the knowledge AND the applicable industry recognized credential or licensure. Therefore, I agree to seek the applicable credential or licensure associated with my program whether it is incorporated into the program cost or requires me to obtain the credential or licensure at an additional cost. I also agree to provide proof of my satisfactory completion of that credential or licensure to the College.
2. I understand that my social security number is required in order to maintain enrollment in this class. My social security number is being collected in accordance with federal and state law, and to claim the tax refund and other applicable state refunds and payments in cases where I must pay the College; for debtor information and

