Get There.
CENTRAL PIEDMONT COMMUNITY COLLEGE

Dislocated Worker Questionnaire Form

Student Name (Please Print) _____ **Student ID #:** _____

Parent Name (Please Print) _____

In general, a person is considered a **dislocated worker*** if they meet one of the following conditions. Please check all applicable conditions **AND** attach any appropriate documentation.	**For School Use Only:**
☐ I lost my job at (Please List Employer's Name) _____ on (Please List your last day of employment) _____. ☐ I have been laid off or received a lay-off notice from their job. I have attached a copy of the notice to this form ☐ I am receiving unemployment benefits due to being laid off or losing a job and am unlikely to return to a previous occupation. I was previously employed as a _____ from _____ to _____. ☐ I am self-employed but am unemployed due to economic conditions or natural disaster. (Please explain) _____	

Certifications

Student Signature: _____ **Date:** _____

Parent Signature: _____ **Date:** _____

(If considered dependent, parent please sign, print, and fax to 704.330.5053)

Warning: ***According to the U.S. Department of Education, if you purposely give false or misleading information on form, you may be subject to a fine of up to $20,000 or imprisonment for up to 5 years, or both.***

Do not mail any documents to the U.S. Department of Education.
Submit all requested documentation to CPCC's Financial Aid Office by fax (704.330.5053).

You should make a copy of this worksheet for your records.

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School Use Only

☐ Approved
☐ Requested additional information:

_____

Print School Contact | Title | Signature *(required)* | Date

PRINT