

The goal of the Displaced Worker Tuition Award is to expand service and opportunities to displaced workers or their spouses. This award, with sponsor assistance, will help workers move quickly into training and into the local job market. The award waives up to 6 credits of tuition when you register for at least 12 credits in your **first term of enrollment** at Rogue Community College. This *Buy One Get One Free* plan applies to most credit classes. Some exceptions may apply. See a Rogue Central Specialist for details.

Who is an eligible displaced worker?

A resident of the RCC District who has been terminated or received notice of termination as a result of a plant closure or lay off within the district within the last calendar year.

Who is a sponsor?

A sponsor is the eligible displaced worker's former employer or an appropriate agency such as the Employment Division, Job Council, NAAFTA, Vocational Rehabilitation agencies, etc.

What is a sponsor's role?

A sponsor verifies worker's lay off or termination date and circumstance, is encouraged, but not required, to provide financial support for the displaced worker's education, and may verify qualifying workers individually or as a group.

Provisions for use of Award

- may be used **one** time only
- available to an eligible displaced worker or their spouse
- must be used within one calendar year of layoff or termination
- may be used only for tuition of credit classes as approved by an RCC advisor
- must be used in the current term of enrollment, it may not be spread among multiple terms
- displaced worker or spouse may be currently employed
- displaced workers who were fired are not eligible

If you are an eligible displaced worker or spouse and want to receive this tuition award, please provide us with the information and submit form with payment to Rogue Central Services for Students.

Name of displaced worker RCC ID _____

Spouse name, if enrolling RCC ID _____

Mailing address City _____ ST _____ Zip _____

Phone _____ Email _____

Company you worked for _____

Last day of work _____

Sponsoring Agency /Employer Verification:

Signature of Former Employer or Agency Representative

Print Name Title _____ Phone _____