

Montco Recovery Tuition Assistance Program

I, _____, a resident of Montgomery
(Student Name)

County enrolled at Montgomery County Community College, am currently not employed after suffering employment loss from the below listed company or organization through no fault of my own on or after March 6, 2020.

Company/Organization Name:

Company/Organization Address:

Company/Organization Phone:

Date of Employment Loss:

SIGNATURE

WITNESS

PRINT NAME

PRINT NAME

STATE OF _____

COUNTY OF _____

Sworn to and subscribed to me this _____ day of _____, 20__

NOTARY PUBLIC

My Commission Expires:
