



## Maricopa Community Colleges Dual Enrollment Grant Application

The Dual Enrollment Grant program is offered for Arizona high school students attending Maricopa Community Colleges in dual enrollment programs. Completed applications must be submitted with your registration package to the dual enrollment liaison at your high school. A letter of award or denial will be sent to your home after an eligibility evaluation. *Under Arizona state law, a person who is not a United States citizen or who is without lawful immigration status may not receive financial aid through this program. Please note that ALL QUESTIONS MUST BE ANSWERED in order for this application to be processed.*

Name \_\_\_\_\_ S.S. # or College ID \_\_\_\_\_

Address \_\_\_\_\_ City/State/ZIP \_\_\_\_\_

Day Phone (\_\_\_\_\_) \_\_\_\_\_ Evening Phone (\_\_\_\_\_) \_\_\_\_\_

Planned enrollment for this application:    Fall    Spring    Summer    (Check all that apply.)

Name of High School \_\_\_\_\_

Parents' and student's combined gross household income this past year? \$ \_\_\_\_\_

*Please provide documentation of household income using most recent years signed federal income tax return*

Number of family members living in your household? (Include yourself.) \_\_\_\_\_

If no federal tax returns filed, please provide documentation, of household member's participation in any of the following federal benefits programs (Check all that apply)

Supplemental Social Security    Food Stamps    Free/Reduced Price Lunch    TANF    WIC

List the dual enrollment classes for which you are registered or plan to register this year.

| FALL Semester |           |         | SPRING Semester |           |         |
|---------------|-----------|---------|-----------------|-----------|---------|
| Course ID     | Section # | Credits | Course ID       | Section # | Credits |
|               |           |         |                 |           |         |
|               |           |         |                 |           |         |
|               |           |         |                 |           |         |

The information provided on this form is true and complete

\_\_\_\_\_  
Applicant Signature/ Date

\_\_\_\_\_  
Parent or Legal Guardian Signature/Date

**FOR OFFICIAL USE ONLY**

Approve \_\_\_\_\_ Deny \_\_\_\_\_ Reason \_\_\_\_\_ Fund Code \_\_\_\_\_ Application Documented \_\_\_\_\_

\_\_\_\_\_  
Staff Member Signature/Date