

## MD Part-Time Grant Application for Dually Enrolled Students

Maryland Part-time Grant Eligibility Guidelines (for High School Students)

Due September 10, 2018 for Fall 2018

The student and parent/guardian must meet all of the following guidelines to be given full consideration for scholarship funds:

- Student and Parent must be residents of Maryland
- Student must be enrolled in one of the public school systems in the College's service region or in a non-profit institution offering instruction at the secondary level that is either operating with a Certificate of Approval issued by the Maryland State Department of Education or registered with the Department as a Church Exempt School. Home School students are not eligible to apply
- Student must be registered for 3 to 11 credit hours per semester
- Student must demonstrate need based on criteria set by FCC and MHEC Maximum 2016 Family income of \$80,000

Grants can be awarded for up to four semesters (Fall and Spring), pending fund availability and successful completion of a dually enrolled course with a grade of "C" or better. Students must reapply each semester for additional funding. Award amount will be \$200 per semester.

with a grade of Confection. Students must re-apply each	on semester for day	arcional ramang. Awara amo	ant will be \$20	o per semester.
Last Name:	First Name:		FCC ID#:	
Mailing Address:				
County of Residence:	City	State Social Security Number	er:	Zip
Name of High School:	Current High School GPA:			
Date of Birth: (males, 18 or ol	lder, must be re	gistered for Selective So	ervice – <u>http</u>	s://www.sss.gov/)
Please answer the following questions:				
I currently receive Free & Reduced Meals –turr	n <u>the form</u> in to	Student Accounts	( ) Yes	( ) No
I am a current Maryland State Resident			( ) Yes	( ) No
My parent(s) is(are) current Maryland State Resident(s)			( ) Yes	( ) No
Total number of family members in your house	ehold	_ Number of family m	embers in co	ollege:
Total family income in 2016 tax year (include a Social Security benefits, disability and/or pensi		_	income such	as child support,
Documentation of all parent/legal guardian and Federal Income Taxes and/or all 2016 Wage and				ion (copies of 2016
Student and Parent/Guardian – please read th	he following car	refully and sign:		
I certify the information provided is true and act to provide documentation of residency and/or I understand any refund I receive as a result of transportation, books, room and board, etc.	general eligibili	ty requirements, if aske	d by Frederic	ck Community College.
Drug Free Pledge:				
I pledge as a condition of receiving student find Unlawful use of drugs and alcohol may endang aid award.			•	•
Student Signature	Date	Parent Signature		Date
Please return completed application with all re	equired docume	entation to:		

Financial Aid Office (H106), Frederick Community College, 7932 Opossumtown Pike, Frederick, MD 21702