



**Maricopa Community Colleges**  
MARICOPA GRANT APPLICATION FOR PUMA EARLY COLLEGE PROGRAM  
2024-2025 Academic Year

The MARICOPA Grant program is offered to eligible Arizona high school students attending Maricopa Community Colleges in Concurrent Enrollment (Puma Early College) Programs.

Only for student recipients providing documentation of household income using the 2023 Federal Income Tax Return, or copy of the Tax Return Transcript from the parent or guardians. Financial need will be indicated if household income falls below 200% of the U.S. Department of Health and Human Services Poverty Guidelines.

**U. S. Department of Health and Human Services 2023 Poverty Guidelines**  
**Financial Need Indicated at 200% of Guideline**

Persons in Family	Poverty Guideline	200%
1	\$14,580	\$29,160
2	\$19,720	\$39,440
3	\$24,860	\$49,720
4	\$30,000	\$60,000
5	\$35,140	\$70,280
6	\$40,280	\$80,560
7	\$45,420	\$90,840
8	\$50,560	\$101,120
For families/households with more than 8 persons, add \$5,140 for each additional person.		

- Under Arizona state law, a person who is not a United States citizen or who is without lawful immigration status may not receive tuition assistance through the Maricopa Grant Program. Only those with a lawful presence in the US may qualify for Maricopa County Community College District scholarships or federal financial aid. Any information you provide about your legal status when you apply for financial aid or scholarships may be subject to mandatory reporting to federal immigration authorities under AZ law.
- The Maricopa Grant may be applied toward resident tuition and registration fees in dual enrollment courses only. Students are responsible for all other fees and charges.
- The Maricopa Grant may cover a maximum of twelve credit hours per student per year for all Maricopa Community College dual enrollment courses (number of credits depends on college budget and funding).
- Students must complete the first semester in which they enroll with a grade of A, B, or C in order to be eligible to receive the Maricopa Grant for the following semester.
- Withdrawal from a course funded by the Maricopa Grant program after the last date for Official Course Withdrawal will disqualify a student for any future tuition assistance while in high school. A disqualified student may request reconsideration based on extenuating circumstances. The awarding of aid will be at the college's discretion.



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**Puma Early College Program Maricopa Grant Application  
Office of Student Financial Assistance**

*Only those with a lawful presence in the US may qualify for MCCCCD scholarships or federal financial aid. Any information you provide about your legal status when you apply for financial aid or scholarships may be subject to mandatory reporting to federal immigration authorities under AZ law.*

The Puma Early College Grant program is available to eligible high school students participating in the Puma Early College Program at Paradise Valley Community College. Completed applications are to be submitted to the high school counselor as part of the program application packet. All grant applications with income documentation will be forwarded to the Office of Student Financial Assistance at Paradise Valley Community College to be evaluated. Upon completion of the eligibility evaluation, a letter of award or denial will be sent to the student's home. High school counselors will be notified of grant eligibility results.

Please note that ALL QUESTIONS MUST BE ANSWERED in order for this application to be processed.

Student Name:	SS# or College Student ID:
Address:	
City/State/Zip:	Email:
Home/Work Phone:	Cell Phone:
Parent Contact Name:	
Parent Email:	Parent Phone:

Academic Year: 20	Term: <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer
Select Only One: <input type="checkbox"/> First Year Early College Student <input type="checkbox"/> Second Year Early College Student	
Name of High School:	

Household Information: Please attach a copy of the most recent signed federal income tax return to this application prior to submission.
Number of family members (including yourself) living in your household:
Parents' and students' combined gross household income this past year: \$

If you are not required to file a federal tax return, please provide documentation of household members' participation in any of the following federal benefits programs (check all that apply):

Supplemental Social Security  Food Stamps  Free/Reduced Lunch  TANF  WIC

Required Documentation: Students must provide evidence of lawful presence in the US by providing one of the following types of documentation. Please attach a copy of one of the forms of documentation listed below to this application prior to submission.

1. An Arizona driver license issued after 1996 or an Arizona non-operating identification license.
2. A birth certificate or delayed birth certificate issued in any state, territory or possession of the United States.
3. A United States certificate of birth abroad.
4. A United States passport.
5. A foreign passport with a United States visa.
6. An I-94 form with a photograph.
7. A United States citizenship and immigration services employment authorization document or refugee travel document.
8. A United States certificate of naturalization.
9. A United States certificate of citizenship.
10. A tribal certificate of Indian blood.
11. A tribal or bureau of Indian affairs affidavit of birth.
12. Tribal members, the elderly and "persons with disabilities or incapacity of the mind or body," may submit certain types of documentation under Section 1903 of the federal Social Security Act (42 United States Code §1396b, as amended by Section 6036 of the federal Deficit Reduction Act of 2005)

By signing this application, I swear under penalty of perjury that the document(s) that I have submitted to demonstrate lawful presence in the United States are true. (This does not apply to applications for the private scholarship funds held in and distributed by the Maricopa Community Colleges Foundation.)

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

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

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**FOR OFFICIAL USE ONLY**

Approve \_\_\_\_\_ Approved SC \_\_\_\_\_ Denied \_\_\_\_\_ Reason \_\_\_\_\_

App. Document \_\_\_\_\_ AGI \_\_\_\_\_ Family Size \_\_\_\_\_ Exemptions \_\_\_\_\_

AWD. AMOUNTS FALL:\$ \_\_\_\_\_ SPRING:\$ \_\_\_\_\_ SUM. I:\$ \_\_\_\_\_ SUM. II:\$ \_\_\_\_\_

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

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