

**Paradise Valley Community College
Dual Enrollment Grant Application
Office of Student Financial Assistance**

Only those with a lawful presence in the US may qualify for MCCCDCD 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 Dual Enrollment Grant program is available to eligible high school students participating in the Dual Enrollment 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.

Under Arizona state law, a person who is not a United States citizen or who is without lawful immigration status may not receive financial assistance through this program.

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

Student Name _____ S.S.# or College Student ID _____

Address _____ City/State/Zip _____

E-mail Address _____ Day Phone (_____) _____

Evening Phone (_____) _____ Cell Phone (_____) _____

Parent to Contact _____ Parent's Phone _____ Parent's Email _____

Planned enrollment for this application: **Academic Year** 20 **Term** (Check all that applies): Fall Spring Summer

Please check only one: First Year Early College Student Second Year Early College Student

Name of High School _____

REQUIRED DOCUMENTATION:

Please attach a copy of the most recent signed federal income tax return to this application prior to submission.

***If you filed as "HEAD OF HOUSHOLD" and you are married, you MUST submit both Income Tax Forms**

Number of family members (including yourself) living in your household: _____

Parents' and student's 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 Price Lunch
 TANF Temp. Assistance for Needy Families WIC Supp. Nutrition Program for Women, Infants, and Children

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 above forms of documentation 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 or Legal Guardian Signature

Date

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