



18401 N. 32nd Street • Phoenix, AZ 85032 • T: 602.787.6500 • F: 602.787.6500 • www.paradisevalley.edu

**Puma Early College Program Maricopa 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 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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