

ACADEMIC COMPETITIVENESS GRANT APPLICATION

If you meet the criteria for the ACG Grant, fill out the box below and return this application along with an “Official” copy of your High School Transcript to the Financial Aid office. Once the transcript is reviewed, we will award accordingly. Please include a phone number in case there are questions about your application.

STUDENT NAME _____	ID _____	
PHONE NUMBER _____	SS# _____	DOB _____
DEGREE PROGRAM _____		
I have read the eligibility criteria and confirm that I meet all the necessary requirements to receive ACG.		
_____ Student Signature		_____ Date

STUDENT RECORDS:		
ELIGIBILITY: _____ Student Meets Criteria _____ Student Does Not Meet Criteria		
ELIGIBILITY REASON:		
_____ AP/IB -- Completed advanced placement or international Baccalaureate coursework		
_____ HS Program—Completed an eligible HS program Code _____		
_____ Course---Completed HS coursework necessary to satisfy ACG requirements		
ACADEMIC LEVEL: _____ 1 st Year _____ 2 nd Year		
_____ Signature of Student Records Representative		_____ Date

FINANCIAL AID OFFICE:	
ACG AWARD: _____ Approved _____ Denied	
Award Amount: 1 st Year _____	2 nd Year _____
Fall _____ Credits _____ GPA _____	Fall _____ Credits _____ GPA _____
Spring _____ Credits _____ GPA _____	Spring _____ Credits _____ GPA _____
Full Time: Fall _____ Spr _____	Full Time: Fall _____ Spr _____
COMMENTS: _____	

FA Signature _____	Date: _____