

# Cleveland State Community College Foundation Application for Dual Enrollment Scholarship

Soc. Sec. No. or Student I.D. No. \_\_\_\_\_

Name \_\_\_\_\_  
Last
First
Middle

Mailing Address \_\_\_\_\_  
Street/P.O. Box
City
County
State
Zip

Home Telephone \_\_\_\_\_ Cell Telephone \_\_\_\_\_ Date of Birth \_\_\_\_\_

E-mail \_\_\_\_\_ Course \_\_\_\_\_

Current High School \_\_\_\_\_ Cost of Book \_\_\_\_\_

**Requirements for dual enrollment scholarship, which are need-based:**

1. Completed scholarship application, with first page of parent's most current tax return (will be shredded after award determination)
2. The scholarship pays for the balance of one class after Hope scholarship is applied. The award also provides a book voucher in the CSCC campus bookstore -- unless the high school provides books. **There are no cash refunds given.**
3. If the student withdraws from the class, the entire award must be repaid to the Foundation.
4. An acceptance form must be signed by parent or guardian and returned to the Foundation Office.
5. There is a maximum of one scholarship for one dual class per semester.
6. Student must have a 2.75 GPA, in the dual class to be considered for a future scholarship.
7. Only complete applications, submitted by the deadline of August 31, will be considered.

### Financial Requirements

| # of Household Members         | Maximum Annual Income |
|--------------------------------|-----------------------|
| 2                              | \$ 27,000             |
| 3                              | \$ 34,000             |
| 4                              | \$ 41,000             |
| 5                              | \$ 48,000             |
| for each additional person add | \$ 7,000              |

*I certify I have read, understand and agree to adhere to the eligibility requirements for receipt of a Cleveland State Community College Foundation Scholarship and that all information is correct.*

\_\_\_\_\_  
Student Signature
Date

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

### Office Use Only

Date received \_\_\_\_\_ Income \_\_\_\_\_ Scholarship \_\_\_\_\_  
 Dependents \_\_\_\_\_ Ineligible \_\_\_\_\_ Book Voucher \_\_\_\_\_  
Total Award \_\_\_\_\_