

(STUDENT COPY)

Grant Aid Checklist

Application Term: __ FA2014 __ SP2015 __ SU2015 __ FA2015

Student's name: _____

LAST NAME

FIRST NAME

College: _____

Are you a CACGP Member? YES ____ NO ____

Are you a high school graduate? YES ____ NO ____

HIGH SCHOOL NAME: _____ Grad. Date: _____

HIGH SCHOOL, ADULT HIGH, OR G.E.D. GRADUATES please provide the following:

- ☐ Picture I.D.
- ☐ **a) Student Aid Report (SAR) AND b) Financial Aid Award Letter OR Award Deferment Letter**
- ☐ **Grant Aid Application (signed/dated)**
- ☐ High School Diploma
- ☐ High School Transcript (***Must be provided before disbursement***)
(If a high school transcript is not available by the application deadline, please provide one of the following: __ Receipt of Transcript Request OR __ Note (for transcript request from school official)
- ☐ (Post Secondary) Enrollment Certification OR Class Schedule (**ONE WEEK BEFORE THE START OF CLASS**)
- ☐ Placement Test __ Receipt __ Results (If you wish to receive a reimbursement)
- ☐ Consent form to postsecondary institution for certification and verification of post secondary enrollment and financial aid eligibility

You are **“Conditionally approved”** if you met the following requirements:

- Eligible for Title IV funding and enrolled in college
- Member of College Access Challenge Grant Program
- Signed a consent form for verification of Title IV eligibility and school enrollment with your selected institution for the awarding term
- Enrolled in college upon verification
- Provided a high school transcript, high school diploma, class schedule and photo ID.

Once students are informed they are **conditionally approved**, students must complete the GCC Personal Information Form to obtain a **GCC Banner Student ID** upon notification by CACGP’s Office and provide your GCC Banner Student ID to the CACGP office **before CACGP Director makes final approval to process the GRANT AID award**.

You are **“Officially approved”** based on the following:

Students will be notified they are **OFFICIALLY APPROVED** upon

- Student’s institution verifying and certifying applicant is enrolled in college for the term of the award, after the institution’s add/drop period
- Student’s institution verifies and certifies applicant is enrolled in college AND eligible for Title IV funding
- CACGP Director approves and signs certification

Note: Awards will not be distributed to eligible students until college enrollment and Title IV eligibility is verified and certified by the applicant’s institution and CACGP’s Director OFFICIALLY APPROVES eligible applicants. Eligible applicants will be informed of CONDITIONAL and OFFICIAL APPROVALS. Please allow 4-8 weeks to process disbursements upon OFFICIAL APPROVAL by CACGP Director. If CACGP discovers the student is not enrolled in college and/or ineligible for Title IV, it is the student’s responsibility to make payment arrangements for his/her obligations toward his/her institution. It is the responsibility of the student and parent/guardian to know the cost, and the financial aid that will cover tuition, fees and books. If student finds he/she may not have enough, contact your institution’s financial aid office OR make payment arrangements with the student’s institution. Please note the grant aid award of \$1,000 for high school graduates may not be enough to pay the student’s college expenses (tuition, fees, books, supplies, etc.)

AWARD DISBURSEMENT

***For eligible students attending GCC:** GCC Students who are OFFICIALLY APPROVED, awards will be applied towards the student’s GCC account to cover tuition and fees, the remainder (if any) will be cut to the student in the form of a check. **Please check your ‘MyGCC’ account and verify if your grant aid award was credited before contacting CACGP office.** Eligible students who will receive a check will be contacted to pick up their checks at CACGP’s Office upon OFFICIAL APPROVAL of the grant aid award.

***For eligible students attending UOG:** Students who are OFFICIALLY APPROVED, will be contacted to pick up their checks at CACGP’s Office.

***For eligible students attending Off-Island institutions:** Please provide your address and your financial aid office’s address and financial aid representative’s name and title before disbursement of award.

Students who wish for a representative to pick up their grant aid check must provide an authorization letter with the person’s legal name and relationship to the student. **If there is a change in institution or change of status on the application, a student must provide this in writing.**



College Access Challenge Grant Program
Student Center Building 5000, 2nd Floor, Room 5202
Mangilao, Guam 96923
Tel: 671-735-0221/1121 Fax: 671-734-5238
Email: gcc.cacgp@guamcc.edu cacgp_gcc@yahoo.com
Facebook: www.facebook/CollegeAccess.com



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DEADLINE DATES

SPRING 2015 Application Extension: April 10, 2015
SUMMER & FALL: June 19, 2015

CACGP GRANT AID APPLICATION

TO BE FILLED BY OFFICE STAFF

Date Received From Student:

GCC Student ID#:

(Required before eligible applicants are

Eligibility:

Applicant must be:

- (1) Eligible for **Title IV funding (Pell, SEOG, etc)** for the term in which CACGP awards grant aid.
- (2) Enrolled in college for the term awarded.
- (3) College Access Challenge Grant Program (CACGP) member.

NOTE: \$1,000 grant aid is awarded one-time to eligible students for college expenses.

Instructions: Please complete the application below, review the grant aid checklist and provide required documents to complete your grant aid application. Copies must be provided with this Application for Sections C-E. If you do not have access to a copy machine, you may bring your original documents and copies will be made for you. **If your transcript copy is not ready by the application deadline, please provide your high school diploma, AND a receipt/note from your high school officials to show a transcript request has been made. **** Only completed and signed applications will be accepted.

Submission: Submit your completed application to the CACGP Office, GCC main campus, 2nd floor, Room 5202.

High School Grad Date: _____ HIGH SCHOOL NAME: _____

Please indicate your first term enrolled in college: _____

Section A: GENERAL INFORMATION (please print clearly)

Date of Birth: ____ / ____ / ____

Applicant Name: _____
Last First M.I.

Home Address: _____

Mailing Address: _____

Home Phone: _____ Cell Phone: _____ E-Mail: _____

Section B: CACGP College & Career Preparation Events

I participated in the following CACGP college/career preparation activities: (Check All That Apply)

- | | | | |
|--------------------------------|--------------------------|--------------------------------------|--------------------------|
| a. College Admissions Workshop | <input type="checkbox"/> | d. Professional Development Workshop | <input type="checkbox"/> |
| b. Financial Aid Workshop | <input type="checkbox"/> | e. College Planning Workshop/Tours | <input type="checkbox"/> |
| c. Senior Banquet | <input type="checkbox"/> | f. Other (specify): _____ | <input type="checkbox"/> |

Section C: College Entrance/Placement Exams (Place checkmark next to the exams taken and attach a copy to the application.)

- | | | | |
|---------------------------------|---|--------|--------------------------|
| 1. English Placement (Required) | <input type="checkbox"/> | 3. SAT | <input type="checkbox"/> |
| 2. Math Placement (Required) | <input type="checkbox"/> | 4. ACT | <input type="checkbox"/> |
| 5. Other | <input type="checkbox"/> (If "yes" type: _____) | | |

[NOTE: Copies of college entrance/placement tests, receipts and test results are required for reimbursement.]

Section D: College Admission/Enrollment (ALL are required below. Place check mark that copy for each is attached to application)

- | | | | |
|-------------------------------------|--------------------------|---|--------------------------|
| 1. High School Diploma | <input type="checkbox"/> | 4. Enrollment Certification OR Class Schedule | <input type="checkbox"/> |
| 2. High School Transcript | <input type="checkbox"/> | 5. Student / Picture I.D. | <input type="checkbox"/> |
| 3. Name of College Attending: _____ | | TERM: <input type="checkbox"/> FA14 <input type="checkbox"/> SP15 <input type="checkbox"/> SU15 <input type="checkbox"/> FA15 | |

(Off-island) Bursar's/Financial Aid Address: _____

Section E: Financial Aid (Place check mark that a copy is attached to application for either 1 or 2)

1. FAFSA Student Aid Report ☐ 2. Financial Aid Award Letter ☐ 3. Award Deferment Letter ☐

Have you been selected for verification (*,C)? ☐ Yes ☐ No If yes, did you submit your documents to Financial Aid office? ☐ Yes ☐ No

Section F: Plan of Use: I plan to use my CACGP Grant Aid for: (Check All That Apply)

- | | | | | | |
|---------------------|--------------------------|-----------------------|--------------------------|-------------------|--------------------------|
| a. Tuition and Fees | <input type="checkbox"/> | c. Computer Equipment | <input type="checkbox"/> | e. Room and Board | <input type="checkbox"/> |
| b. Books | <input type="checkbox"/> | d. Supplies/Materials | <input type="checkbox"/> | f. Transportation | <input type="checkbox"/> |

Section G: Grant Aid Release Notice

1. First, the applicant will be notified by the CACGP office that he /she are **CONDITIONALLY approved** for the CACGP Grant Aid upon the CACGP staff and Director's review.
2. CACGP staff will contact those students who have been conditionally approved to apply for a Guam Community College (GCC) I.D. Students may register for a GCC I.D. through CACGP Office or GCC's Continuing Education Program. **Even if the conditionally approved applicant will not be attending GCC, conditionally approved students MUST sign up for a GCC ID to prepare award disbursements through GCC's accounting office. Allow 4-8 weeks for disbursements from FINAL APPROVAL.**
3. The Director will forward the list of conditionally approved names to the grant aid applicant's institution for verification and certification of enrollment and Title IV (Pell Grant, etc.) eligibility. CACGP's office will request for verification after the institutions add/drop period.
4. Upon receipt of verification and certification from student's institution, **CACGP's Director will make the FINAL OFFICIAL APPROVAL.**
5. For GCC students, your grant aid award will be credited to your account first to pay off any balances to meet the institution's payment policy. If there is a remaining balance after tuitions/fees and books are paid, students will be contacted to pick up their Grant Aid check with their photo ID at CACGP's Office. OFFICIALLY APPROVED applicant may provide a consent form for an authorized representative to pick up the check but the representative must present a VALID photo ID. For more information, you may contact the CACGP Office at 735-0221.

CONSENT FOR VERIFICATION/CERTIFICATION OF STUDENT INFORMATION

The personal information that you give the Guam Community College/College Access Challenge Grant Program is required by the U.S. Department of Education (USDOE). This information is protected by the Privacy Act. No one may see the information unless they work with or for the Guam Community College/CACGP or are specifically authorized. The information is necessary to determine if the student is eligible to participate in and/or receive CACGP services/ grant aid and helps the USDOE to measure the student's success. The USDOE has the authority to gather such information (20 USC 1231a). **The student is not eligible for any services from CACGP unless the information is given and the form is signed.**

In accordance with the "Family Educational Rights and Privacy Act of 1974," I authorize student's current school and all future Guam Department of Education (GDOE), private schools, federally funded pre-college/college programs AND postsecondary institutions to release school records/information to the Guam Community College's College Access Challenge Grant Program (CACGP). **I understand that school records/information released to the GCC/CACGP may include but is not limited to:**

- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Updated student/parent contact information | <input checked="" type="checkbox"/> Enrollment/Registration status | <input checked="" type="checkbox"/> Federal programs/ TRIO |
| <input checked="" type="checkbox"/> Academic documents: transcripts, report cards, progress notes | <input checked="" type="checkbox"/> Standardized test scores | |
| <input checked="" type="checkbox"/> Free and Reduced Priced Lunch participation verification | <input checked="" type="checkbox"/> Financial/aid information | |
| <input checked="" type="checkbox"/> If applicable, Accommodation Verification(s): Individual Educational Plans, medical records | | |

I understand that this release is validated upon my signing this form and that records for student will be attained for the purpose of CACGP eligibility verification, student database collection, student services, evaluation, and tracking progression/enrollment in Middle School, High School, General Education Diploma, Adult High School, English as a Second language and/or college. The above permission is granted by me:

_____	_____	_____	_____
Print & Signature (Parent/Legal Guardian)	Date	Print & Signature (Student)	Date

I verify that all of the above information is true and correct. I have read and understood the checklist and application process. I understand that approval of the CACGP Grant Aid may be delayed due to untimely submission of supporting documents or incorrect information provided. I further understand that falsifying information may lead to my application being void.

_____	_____
Student Applicant (Print/Sign/Date)	Parent or Legal Guardian (For minors only. Print/Sign/Date)

☐ Approved ☐ Disapproved

Term/Yr: FA ___ SP ___ SU ___

Christine B. Sison, CACGP Director Date

Award Amount: _____ Rev. 03/18/15 CBS

FOR OFF-ISLAND STUDENTS ONLY

(This data will be used to forward to the student's institution upon **CONDITIONAL APPROVAL** by CACGP's Director)



**Guam Community College
College Access Challenge Grant Program**

Student Center · Building 5000, 2nd Floor Room 5203
Mangilao, Guam 96923 / Tel: 671-735-5565/0221 / Fax: 671-734-5238
Email: gcc.cacgp@guamcc.edu



Like Us on Facebook: [GCC-College Access Challenge Grant Program](#)

FROM: Christine B. Sison, Project Director, College Access Challenge Grant Program

SUBJECT: Request for Certification of Title IV Eligibility & Enrollment for _____
Student Name

TO: _____, Director of Financial Aid Office

Name of Institution: _____ Year: _____ Term: _____

Institution's Financial Aid Office Address: _____

Financial Aid Administrator's Name: _____ Official Title: _____

Fax: () _____ Phone#: () _____ E-mail _____

FOR SCHOOL OFFICIAL USE TO VERIFY ENROLLMENT AND FINANCIAL AID ELIGIBILITY AFTER ADD/DROP:

1) Is _____ enrolled for _____ Yes ___ No
Student Name/DOB TERM

2) Is the student eligible for Title IV (Pell, etc.) funding for current term? ___ Yes ___ No

This information is verified and certified by: _____
Financial Aid Administrator's Name (PRINT) Official Title

Financial Aid Administrator's (SIGNATURE) DATE

This certification must be sent directly by the student's Financial Aid Office to Guam's CACGP Director
christine.sison@guamcc.edu Please e-mail the signed certification in pdf. format and mail the original copy to:

**Christine B. Sison
Project Director
College Access Challenge Grant Program
Guam Community College
P.O. Box 23069
Barrigada, GU 96921**