APPLICATION FOR CAREER PROGRAM STUDENT ASSISTANCE 2023-24

Eligibility requirements:
1. Major in a certificate or Associate in Applied Science program.
2. Eligible to receive Pell grant.
3. Considered a Special Population (listed below).
4. Not receive a Financial Aid refund after expenses.
5. GPA of at least 2.0 (if a returning student)

Black Hawk College

Date

Major   Student ID   Advisor

First Name   Last Name

Address   City

State   Zip Code   Birth Date

Phone Number   E-Mail

Special Populations *(select all that apply)*

☐ Unemployed   ☐ In or Aged out of Foster care (students age 17-24)

☐ Homeless   ☐ Preparing for Nontraditional training or employment

☐ Single Parent/Pregnant or Parenting   ☐ Economically Disadvantaged (must be Pell grant eligible)

☐ Diagnosed Disability   ☐ Parent is Active Military and/or on Active duty (students age 17-24)

☐ ESL (Engish as a Second Language)   ☐ None of the above

Are you receiving or have you applied for SNAP/Food Stamps?   ○ Yes   ○ No

Are you on Financial Aid probation or dismissal? If yes, please explain in the space below.   ○ Yes   ○ No

Explanation of Need
Please provide a paragraph in the space below explaining why you are seeking assistance .

Financial Aid Award *(list any assistance you are receiving for the **semester of application**, including scholarships or American Job Center).*

Pell Grant	[ ]
MAP Grant	[ ]
Scholarship	[ ]
Scholarship	[ ]
Other	[ ]

Total Award *(total of above amounts)*   [   ]

Educational Expenses *(submit account summary and book list for the **semester of application**).*

Tuition/Fees	[ ]	Calculate mileage for the semester by multiplying daily round trip miles to class or clinical site by # of days attending school per week by # of weeks in semester (16 max). Example: 50 miles per day x 2 days per week x 16 weeks = 1,600 miles
Textbooks	[ ]	
Mileage *(see right)*	[ ]	Multiply that by 0.30 for the amount to enter on the left. Example: 1600 x 0.30 = $480

Total Expenses *(total of above amounts)*   [   ]

Balance *(subtract Total Expenses from Total Award)*   [   ]

I understand that this is a request for need-based assistance, it is for one semester and maintaining a minimum 2.0 GPA is required.

I authorize the Black Hawk College Perkins program to request information from other Black Hawk College departments regarding academic grades, financial aid awards and registration information. I understand this information is confidential and will be used to process this application. **In addition, I give permission for Perkins staff to contact social service agencies, such as American Job Center and Project NOW, regarding financial awards and assistance I may be receiving.**

Email completed application to **BHCPerkins@bhc.edu**

Signature   [   ]   Date   [   ]

The Perkins program is funded through the *Strengthening Career and Technical Education for the 21st Century Act.*

FOR OFFICE USE ONLY	☐ Yes ☐ No		Amount [ ]
☐ Fall Semester	☐ Spring Semester	☐ Summer Semester	
☐ Mileage	☐ Textbooks	☐ Supplies	☐ Internet

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