

APPLICATION FOR CAREER PROGRAM STUDENT ASSISTANCE 2024-25



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)

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
- Homeless
- Single Parent/Pregnant or Parenting
- Diagnosed Disability
- ESL (English as a Second Language)
- In or Aged out of Foster care (students age 17-24)
- Preparing for Nontraditional training or employment
- Economically Disadvantaged (must be Pell grant eligible)
- Parent is Active Military and/or on Active duty (students age 17-24)
- 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

Textbooks

Mileage (see right)

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

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*.

Black Hawk College will make all educational and personnel decisions without regard to race, color, religion, gender, sexual orientation, marital status, national origin or ancestry, age, physical or mental disability unrelated to ability, or status as a disabled veteran or Vietnam era veteran, except as specifically exempted by law. If you need an accommodation based on disability to fully participate in a program/event, please contact Disability Services at QC Campus (309) 796-5900; TTY (309) 796-5903, East Campus (309) 854-1713; TTY (309) 856-5202. Please allow sufficient time to make arrangements.

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Yes No Amount

Fall Semester Spring Semester Summer Semester

Mileage Textbooks Supplies Internet