



A Call to College Last Dollar Grant Application

2017-2018

STUDENT INFORMATION *(please print clearly)*

Name: (First)	(Last)	(M.I.)
Date of birth:	Last 4 digits of Social Security: XXX-XX-	NHS Graduation Year:
Current mailing address:		
City:	State:	ZIP Code:
Cell Phone: ()	May we text you? <i>(circle one)</i> Yes No	Home Phone: ()

COLLEGE INFORMATION

College Attending in 2017-18:	Major:	
City:	State:	ZIP Code:
College Student ID #: <i>(This number is needed for processing payments. Please be accurate.)</i>	College Email Address:	
You will live <i>(circle one)</i> : on campus at home other	Degree Program <i>(circle one)</i> : Certificate Associate's Bachelor's	

PARENT CONTACT INFORMATION *(required if dependent according to FAFSA)*

Name: (First)	(Last)	Relationship:
Current mailing address:		
City:	State:	ZIP Code:
Cell Phone: ()	Email Address:	

OTHER CONTACT INFORMATION

Name: (First)	(Last)	Relationship:
Current mailing address:		
City:	State:	ZIP Code:
Cell Phone: ()	Email Address:	

2017-18 OUTSIDE SCHOLARSHIPS AWARDED WITH AMOUNTS *(these will not be listed on the award letter)*

Scholarship Name/Amount:	Scholarship Name/Amount:
Scholarship Name/Amount:	Scholarship Name/Amount:

By signing below, I give A Call to College (ACTC) access to ALL of my academic records. ACTC has my permission to use, discuss, transmit, or receive information that is protected by FERPA for the duration of the 2017-18 academic year or until I revoke this authorization in writing. Any college that I attend during the 2017-18 academic year has my permission to discuss and/or disclose my information with ACTC.

I agree to notify the ACTC office (740-670-7424) of any changes in the information I have given on this application.

If I receive a Last Dollar Grant I will volunteer time to the program. By signing this application I hereby acknowledge receipt of the enclosed Last Dollar Grant guidelines and agree to abide by such. I also agree to waive all personal claims, causes of action, or damages against the ACTC program, its governing board, officers, employees, volunteers and associates thereof, arising from or growing out of my participation in the ACTC program.

Student signature: _____ Date: _____

Parent signature: _____ Date: _____

(Required if dependent according to FAFSA)

OFFICE USE ONLY: Date Entered _____ Calc. Need _____ GPA _____ ACTC Staff _____