

Scholarship Claim Information/Conditions Form

***THIS FORM MUST BE COMPLETED TO RECEIVE PGK SCHOLARSHIP ***

(Deadline to claim Scholarship: **Fall: September 15th** / **spring: February 15th** / **Summer Term (Technical/Vocational only- June 15th)**)

Student Information

Term: _____

First name _____ Last name _____ Middle Initial _____

Date of birth _____ / _____ / _____ Social Security number _____ - _____ - _____

Email address _____ Facebook name: _____ Twitter name: _____

(Your)Cell Phone number _____ Home number _____

Gender (check one): Male Female/ **Elementary School** _____ **Middle School** _____

Race (check one): African-American Asian-American Caucasian Hispanic/Latino

Native-American Other

High School attended (check one): Austin-East Fulton Year graduated _____

GPA _____ ACT Score _____ SAT Score _____

Will you be the first in your family to attend college or technical school (check one): Yes No

Would you be interested in speaking on behalf of Project GRAD at community events (check one): Yes No

Contact Information

1. **Permanent address** (where your parents/guardians live) **(All Project GRAD mail will be sent to this address)**

Mother's name _____ Father's name _____

Street Address _____ Apartment number _____

City _____ State _____ Zip _____ Parent/Guardian's e-mail _____

Home number _____ Work/Cell _____

2. School campus address for student

School Name _____

Major? _____ On campus Off campus

Student Id#: _____

Street Address _____ Apartment number _____

City _____ State _____ Zip _____

Anticipated graduation date: _____

4. **Relative/family friend's address** (relative/friend who has not moved in last 3 years. This section is REQUIRED!)

(DO NOT COMPLETE IF CLAIMED PREVIOUSLY)

Relative/family friend's name _____ Relationship _____

Street Address _____ Apartment number _____

City _____ State _____ Zip _____ Relative/family friend's e-mail _____

Home number _____ Work/Cell _____

How to Claim and Renew Your Scholarship

Actions to be taken at the beginning and end of each semester to receive scholarship payment.

Mail, email or fax to College/Career Success Coach: **(Please allow 2 to 4 WEEKS for processing)**

- Scholarship Form + a copy of your class schedule for the Fall/Spring _____ semester **and** Fall/Spring _____ transcript (**All Scholars**)
- Contact the Project GRAD office immediately when transferring to a different college/technical school.
- Contact the Project GRAD office when dropping below full-time status.
 - Contact the Project GRAD office regarding any address changes or changes in other contact information. (Turn Over to Complete ➡)

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• **Scholarship Claim Options**

I would like to defer (PUT OFF) my scholarship for the _____ academic year. I understand that I have up to **1** year after graduation to enroll at a college/university or technical school, or I will lose the scholarship. **(New class only has 1 year to defer or forfeit scholarship)**

I am not enrolling this Fall/Spring because of:

employment/working personal issues medical military other: _____

I am **re-activating** my scholarship after NOT being enrolled for consecutive academic terms AND I am submitting a detailed written explanation of my lapse in enrollment.

College Enrollment and Scholarship Conditions Information

Scholarship Confirmation: Check each box below to indicate your agreement:

I would like to claim my scholarship for the _____ academic year – **Fall/Spring Semester**. This scholarship amount will be \$1,000 per year up to **five** years disbursed in increments of **\$500 for the Fall semester** and **\$500 for the Spring** semester each academic year upon receipt of required documentation.

College/Technical School attending: _____


I understand that I must submit a copy of my college/technical school class **schedule for the Fall/Spring semester (+ _____ Fall/Spring transcript + this form)** to verify that I am currently registered as a full time student and meet the GPA requirement.

I understand that if I dropped below full time status or improperly withdrew from classes during the past semester, my upcoming semester scholarship disbursements **may** be subject to a reduction.

Other important reminders to understand:

- Students have **one (1) year** to enroll in a college or technical school in order to remain eligible for the scholarship award.
- Students have **up to five (5) years** to claim but not exceed \$4000 in scholarship money. Scholarships are disbursed in \$500 increments per semester regardless of program with a maximum of \$1000 per year.
- While continuous enrollment is expected, students may have an enrollment lapse at a college(s) and remain in good standing.
- Students must be enrolled and classified by credit hours of the attending accredited academic institution as a full-time student per semester/or quarter units. If a student drops under the required full time status during the semester, future scholarship disbursements **may** be reduced or suspended until appropriate status is attained. Extenuating circumstances will be considered by the Executive Director.
- Students may not receive a scholarship when attending a college or technical school part-time.
- Students must maintain a **2.0** grade point average (GPA) or better each semester to remain in good standing for the scholarship. **I have read the scholarship terms and conditions and understand them in their entirety. By signing below, I declare that all information provided in this document is accurate and I agree to adhere to the terms and conditions outlined in the Project GRAD Scholarship agreement.**

Student signature _____ Date _____



Ms. Annette Long, M.Ed.S /Ms. Jasmine Siler
 Project GRAD Knoxville
 1100 Marion Street
 Suite 100
 Knoxville, TN 37921
 Office: 865-525-4030/Fax: 865-934-0194

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PROJECT GRAD KNOXVILLE

This form allows students to authorize the release of confidential academic, financial aid and student account information to a third party. If you have questions regarding this form, please contact the Project GRAD Knoxville College/Career Supervisor at (865)525-4030 or visit us in the Project GRAD Knoxville Office.

****AUTHORIZATION- THIS MUST BE SIGNED AND DATED IN ORDER FOR INFORMATION TO BE RELEASED****

I authorize the release of confidential academic, financial aid, student financial account information, academic progress reports and grades (when available) to the person(s) named in the following information. This release does not apply to other information (counseling and health) protected by the Family Educational Rights and Privacy Act (FERPA). Authorization is valid as long as the student is active with Project GRAD Knoxville (without a break in enrollment) or until cancelled in writing by the student. **To cancel this release, the student must contact the Project GRAD Office at (865)525-4030 or come to our office in the SunTrust Building for instructions.**

Student's Signature _____
Date

College/Technical/Vocational

Important: The following information MUST be completed to assist College/Career Success Coaches in accessing student information when requests information request are made.

Student Full Name: _____
(Please print clearly)

Student Id#: _____

Student's Last 4 Social Security#: xxx-xx-____

Person(s) other than student authorized to request/receive information, Please Print:	PIN (Personal identification Number Choose a 4-digit number to identify yourself to the staff)	Phone Number	Email Address
Annette Long	3569	865-591-7758	along@projectgradknoxville.org
Jasmine Siler	0827	865-934-7852	jsiler@projectgradknoxville.org

Return or mail this form (do not fax) to Project GRAD Knoxville, Shafer Insurance Building, 1100 Marion Street, Ste. 100, Knoxville, TN 37921

All activities are directed toward strengthening the relationship between the student and Project GRAD Knoxville, with the main goal of improving graduation rate through academic support and retention of students.