

# Project GRAD Scholarship Claim Information/Conditions Form

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

(Deadline to claim Scholarship: **Fall: September 30<sup>th</sup>** / **Spring: February 28<sup>th</sup>** / **Summer Term (Technical/Vocational only- June 30<sup>th</sup>)**)

Claiming Term \_\_\_\_\_

## Student Information

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

Elementary School attended \_\_\_\_\_ Middle School attended \_\_\_\_\_

First name \_\_\_\_\_ Last name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Date of birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Identification number (SSN, ARN, Tax Id Number, etc.) \_\_\_\_\_

Email address \_\_\_\_\_ Facebook: \_\_\_\_\_ Instagram: \_\_\_\_\_

(Your) Cell Phone number \_\_\_\_\_ Home number \_\_\_\_\_

Gender (check one):  Male  Female

Race (check one):  African-American  Asian-American  Caucasian

Hispanic/Latino  Native-American  Other: \_\_\_\_\_

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 PGK at community events (check one):  Yes  No

## Contact Information

**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 \_\_\_\_\_

## School campus address for student

School Name \_\_\_\_\_

Major? \_\_\_\_\_  On campus  Off campus

**Student Id#:** \_\_\_\_\_

Street Address \_\_\_\_\_ Apartment number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Anticipated graduation date: \_\_\_\_\_

**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 with 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. **(Each new graduating class only has 1 year to defer scholarship or it will be forfeited.)**

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. Funds will be sent to the institution.

**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. Funds will be sent to the institution.
- While continuous enrollment is expected, students may have an enrollment lapse 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 below 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.**

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Student signature \_\_\_\_\_ Date \_\_\_\_\_



Ms. Annette Long, M.Ed.s / Ms. Jasmine Siler  
 Project GRAD Knoxville  
 Shafer Building  
 100 Marion St., 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 Lead 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 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 information requests 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	<a href="mailto:along@projectgradknoxville.org">along@projectgradknoxville.org</a>
Jasmine Siler	0827	865-934-7852	<a href="mailto:jsiler@projectgradknoxville.org">jsiler@projectgradknoxville.org</a>

Return or mail this form (do NOT fax) to Project GRAD Knoxville, Shafer Building, 1100 Marion St., 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.