



For Office Use Only:

RESI: _____ Approved for \$ _____ FUND: Bretzlaff Wings!

Zonta Gilmer DH ASTM General Other: _____

Not Funded Reason: _____

Program Director: _____ Date: ____/____/____

GRANT APPLICATION

Student Information

Last Name: _____ First Name: _____

Soc. Sec. Num.: _____ - _____ - _____ E-mail: _____

Mailing Address: _____ City: _____ ST: _____ Zip: _____

Telephone: (H) _____ - _____ - _____ Telephone: (C) _____ - _____ - _____

Request is for (Term): _____ (Year): _____

Number of credits you are or will be enrolled in for the above semester:

5 credits or less 6-8 credits 9-11 credits 12 credits or more

Have you submitted an Application for Federal Student Aid (FAFSA / Pell grant) for the 2007-2008 school year?

Yes No Approximate date of submission: ____/____/____

Have you been awarded any other grants, scholarships or financial assistance for this term?

Yes No If 'yes', name source and amount: _____ \$ _____

Marital Status: Single (never married) Separated Divorced Married Widowed

What is your household size, including yourself? _____

Are you supporting dependents? Yes No **If so, how many?** _____ **What are their ages?** _____

Will you be working while you attend TMCC? Yes No

Where will you work? _____ **Hours per week?** _____

Why do you wish to attend school this term?

Short-term training/job skills Pursuing certificate or degree Personal growth/life skills

Please indicate your major or the area in which you desire training: _____

Why are you applying for this grant?

I declare that the information provided is true, correct and complete. I hereby grant consent to release any and all information contained in this form and its supporting documents that may pertain to grant selection to the TMCC office of Financial Aid, TMCC Controllers office and the respective funding agency.

Signature of Applicant: _____ **Date:** ____/____/____