ANOKA-RAMSEY COMMUNITY COLLEGE

Minnesota State Colleges and Universities
Alliss Educational Foundation Grant

SUBMIT THIS FORM IN PERSON WHEN YOU APPLY TO THE COLLEGE AND REGISTER

- The Alliss grant is an opportunity grant, designed to help adult learners begin or return to college. To qualify, students must meet the Alliss grant requirements and may be eligible to receive a one-time grant of $500.00
- Course(s) selected must apply to the student's declared degree.

This form must be submitted to the Records Office IN PERSON at the time of your application and registration for courses. Grant requests will not be accepted after initial registration is complete. Additional fees must be paid at the business office when you register. The grant is not reusable. If you withdraw from a course, you may not use the grant again.

Student ID# (Not your Star ID) _____ **Date of birth** _____

Name: _____ **Former Name (If Applicable)** _____

Street Address: _____ **City** _____ **Zip** _____

Home Phone: _____ **Cell Phone:** _____ **Work Phone:** _____

Registration Term: ☐ **Fall** ☐ **Spring** ☐ **Summer** **Year:** _____

Course selected for Alliss grant:

6-digit Course ID	Department	4-digit Course #	# Credits

Eligibility Certification:
Please read and initial each line below and sign the certification at the bottom to indicate your understanding of each statement:

_____ I am a legal Minnesota resident.

_____ I have been out of high school for 7 years. High School Graduation date: _____

_____ I am either enrolling in a college for the first time, OR I have not enrolled in a course for college credit in the past 7 years. **Name and Date of last attended college or other institution:** _____ _____-_____

_____ I have not earned a bachelor's or higher degree.

_____ I will enroll in a course that I need to complete my declared degree.

_____ I have not been awarded financial aid at the time of submission of this application form for the course(s) I am requesting.

I certify that the above information is true and complete to the best of my knowledge. If the above information is determined to be incorrect, I will be responsible for the costs incurred as a result of this application. I understand that I may apply for this funding only once.
This program is subject to change based on availability of funds.

Signature: _____ **Date:** _____

ID # _____ **Advisor** _____

Business Office: Date waiver was entered: _____

NOTE: The College is asking you to provide information which includes private and/or confidential information under state and federal law. The college is asking for this information in order to process your application.

You are not legally required to provide the information the college is requesting; however the college may not be able to effectively process your application if you do not provide sufficient information. With some exceptions, unless you consent to further release of private information, access to this information will be limited to school officials, including faculty who have legitimate educational interests in the information. Under certain circumstances, federal and state laws authorize release of private information without your consent:

- To other schools in which you seek or intend to enroll, or are enrolled, if you are first notified of the release;
- To federal, state or local officials for the purposes of program compliance, audit or evaluation;
- As appropriate in connection with your application for, or receipt of, financial aid;
- To your parent, if your parents claim you as a dependent student for tax purposes;
- If the information is sought with a subpoena, court order, or otherwise permitted by other state or federal law; and
- To an institution engaged in educational research or accrediting agency.

Anoka-Ramsey Community College abides by the provision of Title IX, federal legislation forbidding discrimination on the basis of sex and by all other federal and state laws regarding equal opportunity. This document can be made available in alternate formats, such as large print or audio format.