PARADISE VALLEY
COMMUNITY COLLEGE

Paradise Valley Community College
Achieving a College Education (ACE) Grant Application
Office of Student Financial Assistance

The ACE Grant program is available to eligible high school students participating in the ACE Program at Paradise Valley Community College. Completed applications are to be submitted to the high school counselor as part of the program application packet. All grant applications with income documentation will be forwarded to the Office of Student Financial Assistance at Paradise Valley Community College to be evaluated.

Upon completion of the eligibility evaluation, a letter of award or denial will be sent to the student's home.

Under Arizona state law, a person who is not a United States citizen or who is without lawful immigration status may not receive financial assistance through this program.

Please note that **ALL QUESTIONS MUST BE ANSWERED** in order for this application to be processed.

Student Name_____ S.S.# or College ID _____

Address_____ City/State/Zip_____

E-mail Address_____ Day Phone (_____)_____

Evening Phone (_____)_____ Cell Phone (_____)_____

Parent to Contact_____ Parent's Phone_____ Parent's Email_____

Planned enrollment for this application: **Academic Year** 20____ **Term** (Check all that applies): ☐ Fall ☐ Spring ☐ Summer

Name of High School_____

Number of family members (including yourself) living in your household:_____

Parents' and student's combined gross household income this past year $_____

REQUIRED DOCUMENTATION: Most recent signed federal income tax return.

If you are not required to file a federal tax return, please provide documentation of household members' participation in any of the following federal benefits programs.

(**Check all that apply**)

☐ Supplemental Social Security ☐ Food Stamps ☐ Free/Reduced Price Lunch

☐ **TANF** Temp. Assistance for Needy Families ☐ **WIC** Supp. Nutrition Program for Women, Infants, and Children

Please check only one: ____First Year ACE Student ____Second Year ACE Student

I affirm that the information provided on this form is true and complete.

_____ _____

Applicant Signature Date Parent or Legal Guardian Signature Date

FOR OFFICIAL USE ONLY

Approve_____ Approved SC_____ Denied_____ Reason_____

App. Document_____ AGI_____ Family Size_____ Exemptions_____

AWD. AMOUNTS FALL:$_____ SPRING:$_____ SUM. I:$_____ SUM. II:$_____

_____

Staff Member Signature Date