Dual Enrollment Grant Guidelines & Application

Robert A. Holt Grant (Caroline County only) Fall Spring Year: 20__
George B. Todd Grant (Dorchester County only) Fall Spring
Maryland Part Time Grant (Five-county service area) Fall Spring

Robert A. Holt and George B. Todd Dual-Enrollment Grants - The Mid-Shore Community Foundation authorizes Chesapeake College to execute these each fall and spring semester and recipients must meet the following:

- Attend public high schools in the required counties
- Qualify for the Dual-Enrollment Program including a 2.75 cumulative high school GPA with three or less college courses completed OR qualify for the Dual-Enrollment Program with four or more college courses completed with a 2.75 cumulative GPA in college AND high school.

Maryland Part Time Grant - Recipients must:

- Register for courses that total 3 to 11 credits in a given semester
- Meet the eligibility requirements for the Dual-Enrollment Program
- I pledge, as a condition of receiving student financial assistance, to remain drug free for the full term of the award. Unlawful use of drugs and alcohol may endanger my enrollment in a Maryland College as well as my Maryland financial aid award.

GUIDELINES FOR ALL APPLICANTS:

- Submit a grant application each semester to be considered for funding. For priority consideration, apply by June 1st (Fall Semester) and by December 10th (Spring Semester.) Awards are based on available funds.
- Students demonstrating financial need are given first priority.
- Eligible students must be registered for college courses for grant consideration,
  - Waitlisted courses are not eligible. Students should register for courses with openings.
- All grants may be awarded for up to four semesters, pending availability of funds.
- Dual-Enrollment students must receive a final grade of A, B, or C in all college classes for additional grant consideration.
- Submit the completed application to the college advisor when registering for fall or spring courses OR once registered, return completed application to: Jeanine Gallagher, Enrollment Specialist, jgallagher@chesapeake.edu.

STUDENT APPLICATION

Last Name: ___________________________ First Name: ___________________________
Mailing Address - Street: ___________________________ ___________________________
City __________________________ State ______ Zip _______ County _______ Cell Number _______
Date of Birth: __________________________ Anticipated Graduation Year: ______
Current high school CUM GPA: ______
High School: __________________________
Total number of family members in your household: ______
Total Family Income in Most Recent Tax Year: (Include ALL taxed and untaxed income such as child support, Social Security, disability and/or pension payments) $ ______

Circle one: I currently receive free and reduced meals. Yes / No

Circle one: I am a NEW Dual Enrollment Student / I am a RETURNING Dual Enrollment student.

Student and Parent/Guardian read carefully and sign: I certify the information provided is true and accurate to the best of my knowledge. I understand I may be required to provide documentation of residency and/or general eligibility requirements if asked by Chesapeake College.

Student Signature __________________________ Date __________________________
Parent Signature __________________________ Date __________________________