

**BROOKDALE COMMUNITY COLLEGE  
APPLICATION FOR ASSISTANCE PLAN SCHOLARSHIP  
FOR SURVIVING FAMILY MEMBERS OF SEPTEMBER 11**

**APPLICANT DATA** *(If you are a surviving child you must be under the age of 24 to qualify)*

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_

Permanent Home  
Mailing Address \_\_\_\_\_ Apartment # \_\_\_\_\_

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

Telephone (\_\_\_\_\_) \_\_\_\_\_ E-mail Address \_\_\_\_\_

**SURVIVING PARENT OR GUARDIAN INFORMATION**

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Relationship to applicant:  Parent  Guardian

**VICTIM INFORMATION**

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_

Social Security Number \_\_\_\_\_ Relationship to applicant:  Parent  Spouse  Other

**ENROLLMENT INFORMATION**

**2002-2003** (Expected number of credits per semester)

Fall (Sept. – Dec):	<input type="checkbox"/> 12credits	<input type="checkbox"/> 9-11 credits	<input type="checkbox"/> 6-8 credits	<input type="checkbox"/> 1-5 credits	<input type="checkbox"/> 0 credits
Spring (Jan. – May):	<input type="checkbox"/> 12credits	<input type="checkbox"/> 9-11 credits	<input type="checkbox"/> 6-8 credits	<input type="checkbox"/> 1-5 credits	<input type="checkbox"/> 0 credits
Summer 1 (May – June):	<input type="checkbox"/> 12credits	<input type="checkbox"/> 9-11 credits	<input type="checkbox"/> 6-8 credits	<input type="checkbox"/> 1-5 credits	<input type="checkbox"/> 0 credits
Summer 2 (June – July):	<input type="checkbox"/> 12credits	<input type="checkbox"/> 9-11 credits	<input type="checkbox"/> 6-8 credits	<input type="checkbox"/> 1-5 credits	<input type="checkbox"/> 0 credits
Summer 3 (July – Aug.):	<input type="checkbox"/> 12credits	<input type="checkbox"/> 9-11 credits	<input type="checkbox"/> 6-8 credits	<input type="checkbox"/> 1-5 credits	<input type="checkbox"/> 0 credits

**\*\*\*\*\*PLEASE READ AND SIGN THE CERTIFICATIONS ON THE REVERSE SIDE\*\*\*\*\***

## **CERTIFICATION**

1. I understand that the Brookdale Assistance Plan Scholarship will cover application, tuition, general service fees, Lab fees and Books and Supply charges.
2. I understand that I will continue to receive the Brookdale Assistance Plan Scholarship providing I maintain Satisfactory Academic Progress as defined by Brookdale's Financial Aid Office and I earn my Degree or Certificate in no more than eight years.
3. I understand that Brookdale will apply for reimbursement of tuition and fees granted to surviving family members, in the event of State and/or Federal – enacted legislation to provide scholarships to the college.
4. I understand that it is my responsibility to inform the Financial Aid Office about any other educational grants, scholarships, stipends or tuition and fee waivers that I may receive. I permit Brookdale to provide information about sources and amounts of assistance I am receiving to other Educational Assistance Programs or Agencies.
5. I certify that the information reported on this Application for Assistance Plan Scholarship is true and correct.

**Signature of Applicant** \_\_\_\_\_

**Date Signed** \_\_\_\_\_

**Signature of Parent or Guardian**\_\_\_\_\_

**Date Signed** \_\_\_\_\_