

**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

Expected number of credits per semester

Fall	Sept. – Dec	<input type="checkbox"/> 12credits	<input type="checkbox"/> 9-11credits	<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 _____