

PROJECT SPARK

The Community College of Baltimore County Catonsville
K 202 I
800 South Rolling Road
Catonsville, MD 21228
443-840-4132



CCBC Catonsville
The Community College
of Baltimore County

Project SPARK is a Student Support Services Program that is 100% funded by the U.S. Department of Education to serve 200 eligible students each academic year. Federal funds for the 2005-09 grant period are \$1,114,332.00.

PARTICIPANT APPLICATION 2008-2009

(FOR OFFICE USE ONLY)	
Date Received: _____	Staff Initials: _____

Referred By: _____

Please Print or Type

CCBC Student ID # 900 _____

Date Completed: ____/____/____
Month Day Year

Social Security #: _____ - _____ - _____

Name: _____
Last First MI

Address: _____
Street Unit / Apt. #
_____ City State Zip code

Phone: Home: (____) _____ Work: (____) _____

Cell: (____) _____ E-Mail Address: _____

Date of Birth: ____/____/____
Month Day Year

Gender: 1-Male
 2-Female

Status in the U.S.: U.S. Citizen: Yes No
(Check ONLY one) Permanent Resident (attach a copy of your Permanent Residency Card) Yes No
Non-U.S. Citizen: Country of Citizenship: _____
F-1 Student Visa Yes No
Other type of Visa (please state what type): _____

Ethnicity: 1-American Indian or Alaskan Native 5-Caucasian/White (Non-Hispanic)
 2-Asian 6-Native Hawaiian or other Pacific Islander
 3-Black/African American 7-More than one race
 4-Hispanic/Latino

ELIGIBILITY DETERMINATION: Please place a check next to the appropriate response.

FINANCIAL AID INFORMATION:

Did your mother receive a Bachelor's Degree? Yes No

Did your father receive a Bachelor's Degree? Yes No

Have you completed and mailed the 2008-2009 Free Application for Federal Student Assistance? Yes No

Have you received the 2008-2009 Student Aid Report (SAR)? [] Yes [] No

EDUCATIONAL STATUS:

Did you graduate from high school? [] Yes [] No Year Graduated _____

If not, did you receive a GED? [] Yes [] No Year Awarded _____

Have you been out of either high school or college for more than 5 years? [] Yes [] No

CCBC INFORMATION:

Have you taken the placement test at any CCBC Campus? [] Yes [] No Date of Test: _____
Month / Year

Have you completed coursework at any CCBC Campus? [] Yes [] No 1st Semester: _____
Semester / Year

Your Program of Study (Major) at CCBC _____

Do you plan to earn an Associate Degree? [] Yes [] No Certificate? [] Yes [] No

Do you plan to transfer to a 4 year institution? [] Yes [] No

Have you completed an Associate's or a Bachelor's Degree? [] Yes [] No

TRANSFER INFORMATION:

Have you previously attended another college or university? [] Yes [] No

Are you transferring college credits from another college to CCBC? [] Yes [] No
(if yes, please submit a copy of your prior college transcript(s))

LEARNING OR PHYSICAL DISABILITY:

Do you have a documented physical or learning disability? [] Yes [] No

If yes, is your documentation on file in the Office of Support Services at CCBC Catonsville? [] Yes [] No

If you answered yes, please briefly describe your disability:

PLEASE WRITE ONE TO TWO SENTENCES EXPLAINING WHY YOU FEEL THAT YOU NEED SPARK SERVICES.

I hereby certify that all of the information I have provided on this application is accurate and true to the best of my knowledge. For the purpose of determining my eligibility for the program, I give the offices of Financial Aid, Counseling, Records and Registration, and Student Support Services permission to release my documentation to Project SPARK.

Signature _____ Date _____

Note: According to Federal regulations, we cannot process your application without a SIGNATURE, SOCIAL SECURITY NUMBER, COMPLETE DOCUMENTATION OF FAMILY INCOME, and DOCUMENTATION OF PHYSICAL/LEARNING DISABILITY (if applicable). All information provided to Project SPARK will be kept confidential.