

# PROJECT START APPLICATION

ARE YOU A U.S.CITIZEN OR PERMANENT RESIDENT  Yes  No (Check one)  
(If you answer NO to this question do not continue completing this application. You will not be eligible for this program.)

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

BIRTHDAY: \_\_\_\_\_ SSN: \_\_\_\_\_ PHONE: (H) \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: (W) \_\_\_\_\_

CITY/COUNTY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

GENDER:  Female  Male RACE/ETHNICITY: \_\_\_\_\_

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## EDUCATIONAL BACKGROUND

HIGH SCHOOL GRADUATE?:  YES  NO OR GED?  YES  NO

NAMES OF PREVIOUS COLLEGES ATTENDED: \_\_\_\_\_

DEGREES EARNED AT PREVIOUS COLLEGES:  Associates  Bachelors  NONE

HAVE YOU REGISTERED FOR CLASSES?  YES  NO

ARE YOU ATTENDING SCHOOL  FULL-TIME  PART-TIME

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## ELIGIBILITY CRITERIA

DID EITHER PARENT RECEIVE A BS OR BA DEGREE FROM A FOUR-YEAR COLLEGE OR UNIVERSITY?  YES  NO

DO YOU CURRENTLY RECEIVE FINANCIAL AID?  YES  NO

IF YOU DO NOT RECEIVE FINANCIAL AID, PLEASE CHECK THE APPROPRIATE SPACE:

DID NOT APPLY  DENIED  PENDING

STUDENT AND/OR PARENTS ARE MEETING COLLEGE COSTS

DO YOU HAVE DEPENDENTS?  YES  NO HOW MANY PEOPLE ARE IN YOUR FAMILY? \_\_\_\_\_

WHAT WAS THE ANNUAL INCOME FOR YOUR FAMILY FOR THE PRECEEDING TAX REPORTING YEAR? \$ \_\_\_\_\_


ARE YOU AND/OR YOUR PARENTS WILLING TO PROVIDE A COPY OF THAT TAX RETURN IF REQUESTED?  
 YES  NO

(IF YOU DO NOT WISH FOR A DISABILITY TO BE CONSIDERED FOR YOUR ELIGIBILITY, YOU MAY SKIP THE NEXT TWO QUESTIONS)

DO YOU HAVE A **DOCUMENTED PHYSICAL OR LEARNING DISABILITY** ON FILE WITH **SPECIAL SERVICES**?

YES  NO

ARE YOU RECEIVING SERVICES FROM SPECIAL SERVICES?  YES  NO

 WRITE A BRIEF STATEMENT TELLING US WHY YOU WANT TO PARTICIPATE IN PROJECT START:

 HOW DID YOU HEAR ABOUT THE PROGRAM?

 HAVE YOU EVEN BEEN ENROLLED IN A TRIO PROGRAM AT ANOTHER INSTITUTION?

YES  NO CHECK ALL THAT APPLY:

UPWARD BOUND  TALENT SEARCH  STUDENT SUPPORT SERVICE

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RELEASE OF INFORMATION

I, \_\_\_\_\_ GIVE PERMISSION TO THE OFFICES OF RECORDS AND REGISTRATION, FINANCIAL AID, SPECIAL SERVICES AND TURNING POINT AT THE COMMUNITY COLLEGE OF BALTIMORE COUNTY ESSEX, TO RELEASE INFORMATION TO APPROPRIATE PROJECT START STAFF IN ORDER TO DETERMINE MY ELIGIBILITY, TO MONITOR MY PROGRESS, AND TO TRACK MY RETENTION IN HIGHER EDUCATION.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

CONFIDENTIALITY ASSURANCE

ALL INFORMATION SUPPLIED BY THE APPLICANT ON THIS OR ANY OTHER PROJECT START FORM IS SUBJECT TO CONFIDENTIALITY ON THE PART OF ALL PROJECT START PERSONNEL AND/OR COLLEGE PERSONNEL.

I CERTIFY THAT ALL OF THE INFORMATION PROVIDED ON THIS FORM IS ACCURATE AND TRUE TO THE BEST OF MY KNOWLEDGE.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PLEASE RETURN YOUR COMPLETED APPLICATION TO:

CCBC ESSEX  
THE COMMUNITY COLLEGE OF BALTIMORE COUNTY  
PROJECT START  
7201 ROSSVILLE BLVD.  
BALTIMORE, MD 21237-3899

Project START is funded \$268,968 by a grant from the US Department of Education.  
Federal Funds support 80% of the total cost of the program.  
CCBC Essex, The Community College of Baltimore County Essex provides the remaining 20% of the cost of the program.  
(PY 05/10)