CCBC Essex
7201 Rossville Boulevard
Baltimore, MD 21237

Project START

Supplemental Grant Aid Application

Date:_____

Name:_____ **Phone:**_____
Last First **Home Cell**

Address:_____/_____/_____ **Email Address:**_____
City State Zip

EXPECTED DATE OF TRANSFER:_____/_____
Month Year

EXPECTED DATE OF GRADUATION:_____/_____
Month Year

4-Year Transfer College(s) Considered: **Course of Study:**

_____ _____

_____ _____

_____ _____

Project START Admission Date_____/_____ **CCBC School Entry Date**_____/_____
Month Date **Month Date**

Who should Apply: (You must meet all of the following criteria in order to apply)

- **Students who currently receive the Pell Grant and have an "Unmet Need" balance**

How do I apply:

- **Complete this application**
- **Attach an essay to this application or submit a video.**
  The essay will be evaluated on the basis of its content, organization and grammatical construction.

  The essay should focus on the following:

  A. Why should you be considered for the supplemental financial grant?

  B. Explain your level of participation in the Project START program (counselor visits, workshops cultural events, leadership participation and etc.), or explain how you would like the Project START program to benefit you.

  C. Identify any extra-curricula activity in which you are involved or have participated (sports, clubs or student organizations)

  D. Finally, provide any additional information that you feel will be persuasive in securing this grant for yourself.

Application DEADLINE (TBD each semester)