

Dual Enrollment Grant Guidelines & Application

Roberta B. Holt Grant (Caroline County only)	FallSpring	Year: 20
George B. Todd Grant (Dorchester County only)	FallSpring	
Maryland Part Time Grant (Five-county service area)	Fall Spring	

Roberta B. Holt and George B. Todd Dual-Enrollment Grants - The Mid-Shore Community Foundation authorizes Chesapeake College to execute these each fall and spring semester and recipients must meet the following:

- Attend public high schools in the required counties
- Qualify for the Dual-Enrollment Program including a 2.75 cumulative high school GPA with <u>three or less</u> college courses completed <u>OR</u> qualify for the Dual-Enrollment Program with <u>four or more</u> college courses completed with a 2.75 cumulative GPA in college AND high school.

Maryland Part Time Grant - Recipients must:

- Register for courses that total 3 to 11 credits in a given semester
- ❖ Meet the eligibility requirements for the Dual-Enrollment Program
- ❖ I pledge, as a condition of receiving student financial assistance, to remain drug free for the full term of the award.

 Unlawful use of drugs and alcohol may endanger my enrollment in a Maryland College as well as my Maryland financial aid Award.

GUIDELINES FOR ALL APPLICANTS:

- Submit a grant application each semester to be considered for funding. For priority consideration, apply by June 1st (Fall Semester) and by December 10th (Spring Semester.) Awards are based on available funds.
- Students demonstrating financial need are given first priority.
- Eligible students must be registered for college courses for grant consideration,
 - Waitlisted courses are not eliqible. Students should register for courses with openings.
- All grants may be awarded for up to four semesters, pending availability of funds.
- Dual-Enrollment students must receive a final grade of A, B, or C in all college classes for additional grant consideration.
- Submit the completed application to the college advisor when registering for fall or spring courses **OR** once registered, return completed application to: Jeanine Gallagher, Enrollment Specialist, jgallagher@chesapeake.edu.

		STU	JDENT APPLICATION	<u>N</u>	
Last Name:	Name: First Name:				
Mailing Address - Street: _					
City	State	Zip	County	Cell Number	
Date of Birth:		Inticipated G	raduation Year:	Current high school CUM GPA:	
High School:					
Total number of family me	mbers in yo	ur household	l:		
Total Family Income in Modisability and/or pension pa		•		axed income such as child support, Social Security,	
Check one: I currently rece	eive free and	reduced mea	als Yes N	lo	
Check one: I am a NEV	V Dual Enroll	ment Studen	itI am a RETU	JRNING Dual Enrollment student.	
•			•	ovided is true and accurate to the best of my knowledge ral eligibility requirements if asked by Chesapeake Colle	
			Parent Signature		