



# Early Enrollment Scholarship

## APPLICATION

*Please Print*

Applicant's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Social Security Number \_\_\_\_\_ Telephone \_\_\_\_\_ - \_\_\_\_\_

High School \_\_\_\_\_ High School Major \_\_\_\_\_

Grade Level: \_\_\_\_\_ Age: \_\_\_\_\_ Gender:  Male  Female Residency:  City  County

**Student FERPA Release:**

I hereby give permission my parents/guardians and to the high school in which I attend to release any information concerning my selection as a participant in the Baltimore City Community College Dual Enrollment Program. I also give BCCC permission to release any academic and/or financial information to my parents/guardians and to the high school and/or Baltimore City Public Schools while dually enrolled and/or receiving the Early Enrollment Scholarship.

Student's Name \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Meet one of the following Early Enrollment Scholarship Qualifications:  ACCUPLACER placement at college-level in English and/or Mathematics  ACT -21 score in Reading and/or Mathematics  SAT-500 score in Reading and/or Mathematics

The high school is not responsible for student's well-being or academic performance while at BCCC.  
**I certify that applicant meets all criteria established for the BCCC Early Enrollment Scholarship.**

High School Principal/Counselor's Signature \_\_\_\_\_ Date \_\_\_\_\_

BCCC Admissions Representative's Signature \_\_\_\_\_ Date \_\_\_\_\_

Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_  Approved  Denied

**\*\*Recommendation and high school grade report/transcript must be submitted with the application.**