

College of Central Florida's
STUDENT SUPPORT SERVICES PROGRAM



Project EAGLE Application Form

OFFICE USE ONLY	
Date Rec'd	_____
HS Grad	___ GED ___
FG	___ LI ___ DIS ___
AA	___ AS ___
CPT: R	___ E ___ M ___ A ___
A	___ B ___ C ___ CB ___ D ___
Student Id	_____
Taxes Rec'd	_____
Accept	_____
Staff Int.	_____

DATE: _____ MALE: _____ FEMALE: _____

APPLICANT'S NAME _____ SOCIAL SEC. NO. _____

MAILING ADDRESS _____ APT. # _____

CITY _____ STATE _____ ZIP _____ PHONE () _____

E-MAIL ADDRESS _____ DATE OF BIRTH _____

ETHNIC ORIGIN: _____ Native American or Alaskan Native
_____ Asian
_____ Black or African-American
_____ Hispanic (or Latin)
_____ White
_____ Native Hawaiian or other Pacific Islander
_____ Other _____

What degree are you seeking? _____ AA _____ AS _____ Vocational Certificate

Are you a U.S. Citizen (or permanent resident)? Yes _____ No _____

Do you have a physical or learning disability? Yes _____ No _____

Have either of your parents or guardians obtained
a **4-year** (bachelor's) college degree? Yes _____ No _____

Have you applied for financial aid? Yes _____ No _____

***You must attach a copy of your parents' (if dependent) 2009 income tax return and/or your (if independent) 2009 income tax return to determine your eligibility.**

I authorize the Student Support Services staff to have access to any and all academic/financial aid records available from school(s) I attended or presently attend. I further authorize the staff to make copies of any or all of these academic and financial aid records with the understanding that **ALL records will remain confidential.**

(Applicant's Signature)

(Date)

Return to: College of Central Florida
Student Support Services, 2-205
ATTN: Project EAGLE
Ocala, Florida 34478-1388