

**Financial Aid Office**

P 410-777-2203 | F 410-777-4019

[finaid@aacc.edu](mailto:finaid@aacc.edu) | [www.aacc.edu/aid](http://www.aacc.edu/aid)

## Early College Access Grant

**This scholarship is funded through Maryland Part-time Grant funds and is awarded for \$200 per semester (\$200/fall and \$200/spring) to students who are dually enrolled in high school and AACC and demonstrate financial need. The total maximum award is \$400 per academic year. If the application is submitted and approved in the fall, the award will be posted for fall and spring, totaling \$400 for the year. If the application is submitted and approved in the spring, the award will be posted for spring only, totaling \$200. Applications should be submitted only once an academic year.**

If you have any questions about this scholarship, contact the Financial Aid Office at 410-777-2203 or email at [finaid@aacc.edu](mailto:finaid@aacc.edu).

**Eligibility Requirements:**

- Student must be attending a public or private high school and AACC.
- Home-schooled students are **not** eligible.
- Student must be a Maryland resident or eligible for in-state tuition at AACC.
- Student must show financial need as determined by the application materials.
- Students must enroll part-time (3-11 credits in a semester. Winter and spring semester enrollment is combined and cannot exceed a total of 11 credits between these two semester.)

**Application Process:**

- Complete the Early College Access Grant (ECAG) Application. All questions on this application must be answered even if the answer is "0".
- Be sure the ECAG Application and all federal tax returns are signed.
- Submit your completed ECAG Application and federal tax returns to the AACC Financial Aid Office.
- Notification of eligibility will be sent to the student's AACC email address.
- **To protect your privacy, our office recommends that you submit all documents containing personal information to our office in person, by mail or by fax.**

Notice of Nondiscrimination: AACC is an equal opportunity, affirmative action, Title IX, ADA Title 504 compliant institution. Call Disability Support Services, 410-777-2306 or Maryland Relay 711, 72 hours in advance to request most accommodations. Requests for sign language interpreters, alternative format books or assistive technology require 30 days' notice. For information on AACC's compliance and complaints concerning sexual assault, sexual misconduct, discrimination or harassment, contact the federal compliance officer and Title IX coordinator at 410-777-1239, [complianceofficer@aacc.edu](mailto:complianceofficer@aacc.edu) or Maryland Relay 711.

## 2019-2020 Early College Access Grant (ECAG) Application

Please complete this form if you are a current high school student enrolled in the Early College Access Program (ECAP), who wishes to apply for the Early College Access Grant (ECAG). **Notification of award eligibility will be sent to your AACC email address.**

*Submit complete application to: AACC Financial Aid Office, 101 College Parkway, Arnold, MD 21012.  
FAX: 410-777-4019*

### A. Award Application

**Please check which semester(s) you are applying to receive the Early College Access Grant:**

- Fall 2019   
  Spring 2020   
  Summer 2020

### B. Student Data

Last Name	First Name	M.I.	Student ID Number (required)
Address (include apt. #)			Phone Number (include area code)
City	State	Zip Code	E-mail Address
Name of High School			Date of High School Graduation (or anticipated)

### C. Citizenship Status

**Please select the box indicating your current citizenship status:**

- U.S. Citizen   
  U.S. Permanent Resident (A# \_\_\_\_\_)   
  Eligible Non-citizen (asylum, parole, refugee status)
- Non-U.S. citizen or permanent resident eligible for the Maryland Dream Act

### D. Financial Household Data

**Parent Marital Status:**   
 Single   
 Married/Remarried   
 Married, but separated   
 Divorced   
 Widowed  
 Never Married   
 Unmarried, both parents living together   
 Other \_\_\_\_\_

Month and year your parents were married, remarried, separated, divorced or widowed: \_\_\_\_\_  
Month Year

**List the people in your household. If additional space is needed, please use a separate piece of paper. Include:**

1. Yourself and your parent(s), including a stepparent, **even if you do not live with them.**
2. Your sibling(s), regardless of where they live, if they will receive more than half their support from your parent(s) from July 1, 2019, through June 30, 2020. Do not include siblings who receive less than 51% of their financial support from your parent(s).
3. Other people if they now live with your family and receive more than half their financial support from your parent(s) and will receive more than half of their support through June 30, 2020.

Full Name	Age	Date of Birth	Relationship	College Name for household members who are seeking a college degree or certificate, and who are attending college at least half-time between July 1, 2019 and June 30, 2020
			<b>Self</b>	<b>Anne Arundel C. C.</b>

## E. Student and Parent Tax and Income Information.

**FOR TAX FILERS:** You **MUST** include your **signed** 2017 Federal Tax Returns with this application. Check the box(es) that apply:

- I am attaching a signed copy of my 2017 Federal Tax Return (If you did not file and were not required to file, please check the non-filer box below.)
- I am attaching a signed copy of my parent(s) 2017 Federal Tax Return. (If your parent did not file and was not required to file, please check the non-filer box below.)

**FOR NON-TAX FILERS:** check the box(es) that apply and include any earnings from 2017 in the charts below:

- I was not required to file taxes for 2017. **AND/OR**  My parent(s) was/were not required to file taxes for 2017.

Student Earnings	Name of Employer
\$	
\$	
\$	

Father's Earnings	Name of Employer
\$	
\$	
\$	

Mother's Earnings	Name of Employer
\$	
\$	
\$	

## F. Other Income and Benefits

**What were you and your parent(s)' main sources of financial support during 2017? (Please check all that apply.)**

- Income from work    Student Financial Aid    Child Support/Alimony    Assistance from friends or relatives  
 Legal Settlement    Savings    Medical Assistance    SSI/SSDI    WIC    Lived in Subsidized Housing  
 Other \_\_\_\_\_

## G. Untaxed Income – DO NOT LEAVE THIS SECTION BLANK.

For each item, please report the total annual amount received during 2017. If none, enter "0"	Annual Amounts	
	Student	Parent(s)
Payments to tax-deferred pension and savings plans (paid directly or withheld from earnings), including, but not limited to, amounts reported on the W-2 forms in Boxes 12a-12d, codes D, E, F, G, H and S.	\$	\$
Child support <b>RECEIVED</b> for children listed in section B. Do not include foster care or adoption payments	\$ XXXXXXX	\$
Members of the U.S. Military, please report your annual food allowance benefits (BAS). <b>Do NOT report</b> your military housing benefits (BAH or BAQ).	\$	\$
Housing, food, and other living allowances paid to clergy and other non-military employees	\$	\$
Veterans non-education benefits such as Disability, Death Pension, or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work/Study allowances	\$	\$
Other untaxed income or benefits not reported such as Worker's Compensation, disability, etc. <b>Do NOT include</b> student aid, earned income credit, child tax credit, welfare payments, untaxed Social Security benefits, Workforce Investment Act educational benefits, on-base housing or BAH, combat pay, benefits from flexible spending arrangements (e.g. cafeteria plans), foreign income exclusion, or credit for federal tax on special fuels.	\$	\$
Money received, or paid on your behalf (e.g., bills), not reported elsewhere on this form.	\$	\$
Taxable earnings from Federal Work Study or other need-based work programs	\$	\$
Military combat pay or special combat pay listed on your W-2 form on box 12 with code Q. <b>Please attach a copy of your W-2.</b>	\$	\$

## H. Certification Statement & Drug Free Pledge

*By signing this worksheet, I certify that all the information reported on this worksheet is complete and correct. I understand that if I purposely give false or misleading information on this form, I may lose eligibility for funding. Additionally, 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.*

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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