

## Second Chance Grant Application

To be eligible for this grant, a student must meet the following criteria:

1. You are a current resident of the state of Ohio
2. Your last date of attendance was between one and five years ago
3. You have not yet earned a bachelor's degree from ANY college or university
4. You were in good academic standing with no disciplinary issues when you stopped out
5. You must complete the Free Application for Federal Student Aid (FAFSA) and accept any need-based state or federal grants to which you are entitled
6. You are not a recipient of any of the following Ohio scholarships: Choose Ohio First, Ohio Safety Officers College Memorial Fund, War Orphans and Severely Disabled Veteran's Scholarship Program, Ohio National Guard Scholarship
7. **MUST** declare a major at Edison State Community College
8. Student must order official transcripts from former institution/institutions to be sent directly to Edison State Community College
9. Submit this application with the Program registration/enrollment form
  - a. This grant pays for tuition and fees only; books and supplies are *not* covered
  - b. This grant only pays for courses that are part of the approved degree/certificate program
  - c. This grant will pay up to a maximum of \$2,000, if eligible, per lifetime
10. The student must stay continuously enrolled in the approved program for funding to continue term to term
11. The awarding of this grant is conditional upon the continuance of state funding

**Please provide the following information:**

Student Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_

Term Applying for Short-Term Grant: Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_ 20\_\_\_\_

**Please review each statement and sign where indicated.**

If I am awarded this grant, I agree to abide by all the conditions of this grant. I understand that if I fail to attend my classes my grant disbursement will be removed from my account, and I may be required to pay any resulting balance due on my Edison State account.

I understand that I must stay continuously enrolled for the awarded grant funds to be applied term by term.

If I do not attend a semester or if I change my degree or certification program, I must reapply for approval. I understand that I would only be eligible for any remaining funding from the prior award.

I certify that, to the best of my knowledge and belief at the time and date I have signed below, all information listed on this application is true and accurate.

I authorize Edison State Community College to view my prior financial aid and enrollment history on the National Student Loan Database System or National Clearinghouse websites.

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

Submit Completed Application to:

**Edison State Community College**

**Office of Financial Aid**

**1973 Edison Drive**

**Piqua, OH 45356**

[financialaid@edisonohio.edu](mailto:financialaid@edisonohio.edu)

**FOR OFFICE USE ONLY. DO NOT WRITE IN THIS SECTION:**

Program Eligible: Y\_\_\_N\_\_\_ Multiple Active Programs: Y\_\_\_N\_\_\_ Other Program: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Title IV Eligible: Y\_\_\_N\_\_\_ FAFSA on File: Y\_\_\_N\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Grant Award Amount: \$ \_\_\_\_\_

Date Grant Awarded: \_\_\_\_\_