



College Assistance Program, Inc.

**In Partnership with Dade Community Foundation
Miami-Dade County Public Schools**

Grant Application

For Students who Demonstrate Financial Need

- CAP Grants are not automatically renewed. You must reapply each year.
- A completed application does not guarantee funding.
- Awards are made for attendance at the educational institution you indicate on the application and are not transferable to another institution after grant is awarded.

REQUIREMENTS FOR ALL GRANTS:

- Financial need.
- Full-time attendance, seeking a degree at an approved post-secondary institution.
- Undergraduate study only towards completion of first undergraduate degree.
- Graduation from a Miami-Dade County Public High School or G.E.D. earned after November 1, 1996 with minimum two years in Miami-Dade County Public High School.
- Mail only completed application packets. Incomplete applications or faxed copies will not be considered!
- Mail photocopies, not originals, of these documents.
- Copies of **ALL** pages of your SAR (Student Aid Report) for the year applied.
- Copies of Award Letter from your college (We will accept downloaded Award Letter from the Internet).
- Send the completed "Permission to Release Information" to the Financial Aid Office at your college (Do not turn it in with your CAP Grant Application).
- College students who have never received a CAP Grant must submit an official student transcript (showing cumulative GPA).
- College students who have never received a CAP Grant must also submit a copy of your M.D.P.S. Final High School Transcript.
- G.E.D. Applicants must submit copy of G.E.D. Diploma.
- Returning CAP recipients (college students who have received a CAP Grant) must submit an official transcript (showing cumulative GPA).
- No extensions will be granted beyond application deadline (Postmark deadline is always the last Saturday in June).

**COLLEGE ASSISTANCE PROGRAM OF MIAMI-DADE COUNTY, INC.
GRANT APPLICATION**

Applications must be postmarked by the deadline of the last Saturday of June.
Applications postmarked after the deadline will not be reviewed.
Incomplete applications will not be accepted or reviewed.

Submit complete application to:

CAP Grant Application
P. O. BOX 01-0272
Miami, FL. 33101-0272

PLEASE TYPE OR PRINT LEGIBLY

1. Social Security Number

2. MDCPS Student ID Number

3. Last Name

4. First Name & Middle Initial

5. Date of Birth

6. Name of High School

7. Graduation Year / GED

8. Address

9. City, State, Zip

10. Telephone Number

11. Email Address

Please fill in the blanks or circle answers below: (All questions must be answered)

12. College/University you will attend: _____ 13. Campus / Branch _____

(The CAP Grant is not transferable from one institution to another after the award has been made.)

14. Major _____

15. Where will you live: on campus off campus with family

16. Year in college for Fall Semester: 1 2 3 4 5

17. Have you ever applied for a CAP Grant? yes no

18. If yes, did you receive the CAP Grant? yes no

19. Parent's monthly rental or mortgage payment \$ _____ 20. Home Value \$ _____

21. How much is owed on it? \$ _____

22. Colleges other family members attend _____

23. Please check if you ever participated/donated with a Blood Drive at your high school.

APPLICATION CHECKLIST OF DOCUMENTS REQUIRED

- a. Complete application.
- b. Copies of ALL pages of your SAR (student aid report) for the year applied. Must show **Expected Family Contribution**.
- c. Copy of your Award Letter.
- d. Copy of college grades if student is in college.
- e. Copy of GED Diploma (GED students only).
- f. Hardship Circumstances page if applicable.

I certify that all statements I have made herein to be true and correct. I understand that if I submit an incomplete application, do not answer all questions on the application, or submit all required documents; my application will be deemed incomplete and will not be considered for this grant.

Student Signature

Date

**DO NOT INCLUDE THIS LETTER WITH YOUR APPLICATION.
MAIL DIRECTLY TO YOUR FINANCIAL AID OFFICE.**

Date _____

To: **Financial Aid Director**

Address of College/University: _____

City/State/Zip: _____

RE: Permission to Release Information to CAP

Dear Financial Aid Director:

I have applied for a grant from the College Assistance Program of Dade County. All of my required documents have been submitted to CAP and my file is complete. I hereby authorize you to discuss my eligibility to receive the grant by telephone, fax or mail with a representative of the College Assistance Program (CAP).

Sincerely,

Signature of Student **Student Name (print)** **Social Security Number**

Signature of Parent **Parent Name (print)** **Date**

CAP will not contact colleges for missing Award Letters, Student Aid Reports (SAR) transcripts, etc. CAP will not adjust award amounts after CAP Grant Award letters have been mailed. There are no exceptions to the above.