

Central Florida Community College's  
STUDENT SUPPORT SERVICES PROGRAM



# Project EAGLE

## Application Form

OFFICE USE ONLY

HS Grad\_\_\_ GED\_\_\_  
FG\_\_\_ LI\_\_\_ DIS\_\_\_  
AA\_\_\_ AS\_\_\_  
CPT: R\_\_\_E\_\_\_M\_\_\_A\_\_\_  
A\_\_\_B\_\_\_C\_\_\_CB\_\_\_D\_\_\_  
Accept \_\_\_\_\_  
Staff Init. \_\_\_\_\_

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) 2008 income tax return and/or your (if independent) 2008 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: Central Florida Community College  
Student Support Services, Bryant Union 5-204  
ATTN: Project EAGLE  
P.O. Box 1388  
Ocala, Florida 34478-1388