

Academic Year 2010-2011
Project Success Application
Great Bay Community College

Office Use Only
New Member: ___ Fr ___ Sr ___
Returning Member : _____
Graduation Date: _____
Rec'd _____

Name _____ Today's Date _____

Address _____

Street / Apt # _____ City/Town _____ State _____ Zip Code _____
Phone (Home) _____ (W) _____ (Cell) _____

Student ID# _____ E-Mail address _____

High School Attended _____ Date Graduated: _____

G.E.D. Received: Place _____ Date _____

Number of years at this college _____ Freshman ___ Senior ___ Any other college experience? Y N

Major: _____ Associates Degree: _____ Certificate: _____ Diploma: _____

Expected Date of Graduation: _____ Credits Registered for this Semester: _____

Have you participated in Project Success before ? ___ No ___ Yes If yes, when _____

Check all that apply:

Single Parent ___ Divorced ___ Separated ___ Never Married ___ Widowed ___

Displaced Homemaker _____ (defined as an individual who has worked primarily without pay to care for a home and family, and for that reason, has diminished marketable skills and has been dependent on the income of another family member but is no longer supported by that income, and who, being either unemployed or underemployed, is having difficulty obtaining or upgrading employment.)

Number of Children living with you: _____ Number of adults living with you: _____

Names: _____

Ages: _____

Child care arrangements:

Name of day care: _____

In what town? _____

Number of hours per week children are in day care: _____

Cost to you per week for day care _____

INCOME PER MONTH:

TANIF _____
 Social Security _____
 Food Stamps _____
 Medicaid/Medicare _____
 Housing Assistance _____
 Unemployment _____
 Transportation Assistance _____
 Child Care Assistance _____
 Child Support _____
 Alimony _____
 Wages _____
 Other _____

Total Income per Month: \$ _____

EXPENSES PER MONTH :

Rent/Mortgage _____
 Utilities (phone, electricity) _____
 Food _____
 Transportation _____
 Insurance _____
 Medical/Dental Care _____
 Clothing _____
 Childcare _____
 Other _____

Total Expenses per Month: \$ _____

TOTAL INCOME: \$ _____

less

TOTAL EXPENSES: \$ _____

BALANCE \$ _____

This application will not be considered for funds if it is not signed. If, at a later date, the above information is found to be false, it will be grounds for dismissal from the Project Success program.

By signing I verify that to the best of my knowledge, the above information is true.

Name _____

Date _____

Please return application to: Director of Project Success, CAPS Dept., Great Bay Community College, 320 Corporate Drive, Portsmouth, NH 03801 Phone: 603-427-7623

