

Project Success Application



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

Name: _____ Age: _____ Name: _____

Name: _____ Age: _____ Name: _____

Name: _____ Age: _____ Name: _____

Name: _____ Age: _____

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:

**Jody Mancini-Project Success Coordinator-CAPS Department-Room 210K
Great Bay Community College
320 Corporate Drive, Portsmouth, NH 03801
Phone: 603-427-7724**