



**COLLEGE of
CENTRAL
FLORIDA**
-an equal opportunity college-

**STUDENT SUPPORT
SERVICES
PROJECT EAGLE
APPLICATION**

OFFICE USE ONLY

Date Received _____

- HS Grad GED
 FG LI DIS
 AA AS

PERT: R _____ E _____ M _____

- A B C CB D

Student ID _____

Taxes Received _____

Accept _____

Staff Int. _____

Please fill out this form completely and return it to the address provided at the bottom of the page.

Date: _____ Gender: Male Female
MM/DD/YY

Legal Name: _____
Last First Middle (complete) Jr., etc.

Mailing Address: _____
Street/P.O. Box City State Zip Code

Telephone: _____ Cell: _____

Birth Date: _____ Email: _____
MM/DD/YY

High School Attended: _____

Please answer both of the following regarding ethnicity and race.

Ethnicity Background: Are you Hispanic, Latino/a, or Spanish origin? Yes No

- Race Origin: American Indian/Alaskan Native Asian
 Black or African-American White (including Middle Eastern)
 Native Hawaiian or other Pacific Islander

What degree are you seeking? Associate in Arts Associate in Science 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 four-year (bachelor's) degree? Yes No

Have you applied for financial aid? Yes No

You must attach a copy of your parents' (if dependent) 2017 income tax return and/or your (if independent) 2017 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 currently attend. I further authorize the staff to make copies of any or all of these academic and financial records with the understanding that ALL records will remain confidential.

Applicant's Signature _____

Date (MM/DD/YY) _____

Return to: College of Central Florida, Student Support Services, Attn: Project EAGLE, 3001 S.W. College Road, Building 2, Room 205, Ocala, FL 34474-4415.