

## **Alliss Educational Foundation Grant**

**Application Form** 

Name	
Address	
City, State, Zip	
Phone	Birth Date:
	Eligibility Certification  (To be eligible for the Alliss Grant, all points below must be checked.)
I have not earned a b	chelor's degree or higher degree.
I have been admitted	Riverland in a degree-seeking program.
I have applied for fina	cial aid, FAFSA, and am eligible to receive financial aid.
I am enrolled in a pro	am designed to transfer to a baccalaureate degree program.
I am a Minnesota Res	ent.
I am in good academ	standing.
I am enrolled in a mir	num of six credits.
	et with a Riverland Academic Advisor/Counselor to create a baccalaureate degree completion y award. (see next page)
SIGNATURE	DATE
and federal law, in order to procollege/university may not be exceptions, unless you consent	sking you to provide information, which includes private and/or confidential information under state ss your application. You are not legally required to provide this information; however, the e to effectively process your application if you do not provide sufficient information. With some further release of private information, access to this information will be limited to school officials, nate educational interests in the information. Under certain circumstances, federal and state laws mation without your consent.
Office Use Only:	
Award Amount:	Semester: Fall Spring
FA Staff:	Date:

## **Academic Plan of Study**

Name	Star ID/ Tech ID	Star ID/ Tech ID		Major		
List all course	s required to complete your pro	gram and the semester yo	u will take the cou	rse.		
FALL SEMESTER 20	SPRING SEM	SPRING SEMESTER 20		SUMMER 20		
se ID – Course Name – Credits		se Name – Credits		Course Name –		
_						
FALL SEMESTER 20	SPRING SEM	SPRING SEMESTER 20		SUMMER 20		
urse ID – Course Name – Cree	dits Course ID – Cour	se Name – Credits		Course Name -		
:						
STUDENT SIGNATURE	CO	UNSELOR/ADVISOR/FACU	LTY SIGNATURE	DATE		