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Community College Completion Grant Program Application

Student _____ W # _____ Phone # _____

The Community College Completion Grant (CCCG) is for California Community College students who receive Cal Grant and Full-Time Student Success Grant, have a comprehensive Student Educational Plan (SEP) and are scheduled to complete their program of study within 3 years.

The Community College Completion Grant award amount is $1,500.00 per academic year ($750.00 per Fall & Spring Semesters) for up to 3 years OR 6 primary semesters (Fall/Spring), and is based on state funding.

To participate in the CCCG Program, you must:

- Receive Full-Time Student Success Grant
- Establish a completion date (not to exceed 3 years)
- Follow your comprehensive Student Educational Plan
- Enroll in 15 units Fall/Spring for a total of 30 units per academic year, OR
  At least 12 units Fall/Spring and 6 units Summer
- Complete all classes with a C or better
- Maintain 2.00 cumulative GPA

I have met with an academic counselor and **attached a comprehensive Student Educational Plan**. I understand that this grant is not guaranteed and is awarded on a first-come, first-served basis. I understand I must follow all eligibility requirements to be awarded the Community College Completion Grant. I agree to follow my Student Educational Plan and understand that classes not listed on my Student Educational Plan will not be counted towards the 30 unit requirement per academic year.

By signing this form, I confirm I have read and understand program requirements. I understand that failure to meet the terms and conditions for the CCCG Program will result in program disqualification, which is not appealable, even if there are extenuating circumstances.

_____ _____

Student Signature *Date*

SUBMIT APPLICATION *Use one of the following methods*			
MAIL	**EMAIL**	**FAX**	**IN PERSON**
Modesto Junior College Student Financial Services 435 College Ave. Modesto, CA 95350	MJC_FA_Accounting@mjc.edu	(209) 575-7719	***West Campus:*** Yosemite Hall Rm 147 ***East Campus:*** Student Services Building

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Community College Completion Grant
Student Educational Plan

Student _____ W # _____ Phone # _____

Academic Program _____ Catalog Year _____ Graduation Date _____

# of ESL Units _____ # of Remedial Units _____ # of Major Units _____ Total Program Units 0

Counselor: _____ Phone: _____

ATTENTION COUNSELOR: ***(State Mandated Regulations)***

- Student must establish a graduation date that does not exceed 3 years **OR** 6 primary semesters (Fall/Spring)!
- Student is eligible for up to 1 year of ESL/Remedial courses *(this is part of the 3 year maximum)*
- Student can take transfer courses IF transferring to UC/CSU *(not to exceed 3 year maximum)*
- Student must be enrolled in at least 15 units for Fall & Spring for a total of 30 units per academic year, **OR** Student can combine Summer units to fulfill the 15 unit requirement *(must enroll in a minimum of 12 units for both Fall and Spring semesters)*
  EXAMPLE: Spring 18 *(12 units)* + Summer 18 *(6 units)* + Fall 18 *(12 units)* = 30 units
- Student cannot use recommended or professional development classes to fulfil the 30 unit requirement and should not be listed on this Student Educational Plan!

YEAR #1	
Term:	Year:
Course	Units
Semester Units	0
Term:	Year:
Course	Units
Semester Units	0
Term:	Year:
Course	Units
Semester Units	0
YEAR #1 TOTAL UNITS	0

YEAR #2	
Term:	Year:
Course	Units
Semester Units	0
Term:	Year:
Course	Units
Semester Units	0
Term:	Year:
Course	Units
Semester Units	0
YEAR #2 TOTAL UNITS	0

YEAR #3	
Term:	Year:
Course	Units
Semester Units	0
Term:	Year:
Course	Units
Semester Units	0
Term:	Year:
Course	Units
Semester Units	0
YEAR #3 TOTAL UNITS	0

_____ _____

Counselor Signature *Date*

Please contact Kristina Godinez at 209-575-7702 with any ques tions regarding this program.