

**UNITED STATES DEPARTMENT OF EDUCATION
WASHINGTON, D.C. 20202
APPLICATION FOR DESIGNATION AS AN ELIGIBLE INSTITUTION
FISCAL YEAR 2003**



To apply for grants under Title III Part A, and Title V
Authority: 34 CFR Part 606 and 607 Programs
**Important: You are required to provide the information requested
in order to obtain or retain a benefit.**

CFDA Number:
031H

According to the Paperwork reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1840-0103. The time required to complete this information collection is estimated to average 7.00 hours (or minutes) per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Education, Washington, D.C. 20202-4561. If you have comments or concerns regarding the status of your individual submission for this form, write directly to: Institutional Development and Undergraduate Education Service, U.S. Department of Education, 600 Independence Avenue, SW., (1990 K Street, NW/6th floor), Washington, D.C. 20202-8513.

Instructions: Originals Only - No photo copies

- If possible please use a standard typewriter or print clearly inside the boxes.
- Use No. 2 pencil only. Do not use red ink or felt tip pens.
- Make no stray marks on this form.
- Do not fold, tear, or mutilate this form.

Example of
handwritten text:

John Doe

Example of
multiple choice:

Part I. Identity of Applicant Institution

1. Name of Institution/Campus Requesting

2. Address

| | | | |
|----------------------|-------------|----------|--|
| Street # or P.O. Box | Street Name | | |
| City | State | Zip Code | |

3. Contact Person's Name

| | | |
|-----------|------------|----|
| Last Name | First Name | MI |
|-----------|------------|----|

4. Contact Person's Title

Phone Number

Ext.

| | | |
|--|--|--|
| | | |
|--|--|--|

5. E-mail Address

7. Type (mark one)

8. Control (mark one)

- 2- Year Institution
- 4- Year Institution
- Medical School

- Private Non-Profit Institution
- Public Institution

6. Data Universal Numbering System (DUNS Number)

Part II. Institutional Enrollment

1. Total Institutional Enrollment (Fall 1999 Headcount)

2. Total Minority Enrollment (Fall 1999 Headcount)

Part III. Institutional Statistics

1. Needy Student Requirement

A. Fall 1999 Headcount Enrollment of Undergraduate Degree Students

C. Fall 1999 Enrollment of Half-Time up to and including Full-Time Undergraduate Students

B. Fall 1999 Recipients of Title IV Need-Based Financial Assistance (Include Only Pell Grant, Supplemental Educational Opportunity Grant, College Work Study, and Perkins Loan)

D. Fall 1999 Pell Grant Recipients

2. Educational & General Expenditures Requirement (E&G)

A. Undergraduate Full-Time Equiv. Fall 1999 Enrollment

C. Total 1999-00 Educational & General Expenditures (E&G)

B. Graduate Full-Time Equiv. Fall 1999 Enrollment

D. Average E&G per FTE = C/(A+B)

Part IV. Specific Institutional Eligibility Requirements

1. Needy Student Requirement (mark A, B, or C)

A. According to the result, after dividing item 1B by item 1A in Part III of this form, at least 50% of Degree Students are recipients of Need-Based Financial Support; or

B. According to the result, after dividing item 1D by item 1C in Part III of this form, our enrollment exceeds the pertinent threshold for Substantial Percentage of Students Receiving Pell Grants for Fall Academic Term 1999.

C. Requesting Waiver (Section 607.3(b) option(s): ① ② ③ ④ ⑤ ⑥ ⑦ Fill in the bubble(s) needed and attach the narrative justification to this form.

AND

2. Educational & General Expenditures Requirement (mark A or B)

A. The E&G expenditures per FTE Student are less than the pertinent threshold for base year 1999-00.

B. Requesting Waiver (Section 607.4(c) and (d) option(s): ① ② ③ ④ ⑤ Fill in the bubble(s) needed and attach the narrative justification to this form.

Part V. Certification

(Although this Certification requirement is waived for applicants submitting through the Internet, the Department reserves the right to require a signed form on request.)

I CERTIFY that the information entered on this form and any accompanying narrative are true and accurate to the best of my knowledge. I understand that this information is subject to review and audit by representatives of the United States Department of Education.

Signature of President of Institution

Date

Type Name of the Institution/Campus

Phone Number

Fax Number

Former Name of the Institution/Campus