



DREAM BIG. WORK HARD. WE'LL HELP.

# 2018-2019 I KNOW I CAN GRANT APPLICATION Deadline: April 27, 2018

**I Know I Can**  
1108 City Park Avenue  
Suite 301  
Columbus, OH 43206  
Phone: 614-233-9510  
Fax: 614-233-9512  
www.iknowican.org

## REQUIRED DOCUMENTS TO BE SUBMITTED WITH YOUR APPLICATION:

The **I Know I Can** Grant is available for qualified Columbus City Schools graduates. This grant is intended to help reduce the cost of college education. Completed, signed applications and all required documents must be submitted by **April 27, 2018**. Incomplete applications and applications received after **April 27, 2018** will not be considered.

First-time applicants must apply within one year of high school graduation and may renew the grant for up to four years at a four-year institution, two years at two-year institution, or until receipt of first bachelor's degree, whichever comes first. In order to renew the grant, students must re-apply each year for consideration. Upon approval of your grant application, you must submit a copy of the financial aid award letter from the school you will be attending, your college ID number, and your fall class schedule before the IKIC Grant check can be sent. Students must enroll in college full-time for 2018-2019 to receive the grant.

**HIGH SCHOOL SENIORS** must have a minimum 2.25 cumulative GPA, meet the 2018 CCS graduation requirements, be eligible for the federal Pell grant and be enrolled in college full-time for the 2018-2019 academic year. Submit with your application:

**2018-2019 FAFSA Student Aid Report (SAR):** Your SAR is available several days after you complete your FAFSA, so be sure to do so before April 20th. To access your SAR, log on to [www.fafsa.ed.gov](http://www.fafsa.ed.gov) and click on "Student Aid Report (PDF)." It must show your EFC and you must submit the entire SAR.

**COLLEGE STUDENTS** must have a minimum 2.00 cumulative GPA by the end of the 2017-2018 academic year, be a CCS graduate, be eligible for the federal Pell grant and be enrolled in college full-time for 2018-2019 academic year. Submit with your application:

**2018-2019 FAFSA Student Aid Report (SAR):** Your SAR is available several days after you complete your FAFSA, so be sure to do so before April 20th. To access your SAR, log on to [www.fafsa.ed.gov](http://www.fafsa.ed.gov) and click on "Student Aid Report (PDF)." It must show your EFC and you must submit the entire SAR.

**College Transcript (Unofficial or Official):** You must submit your college transcript, online advising report, or summary of grades report. You must have a minimum GPA of 2.0 at the time of applying or by the end of the 2017-18 academic year.

**FIRST-TIME GRANT APPLICANTS ONLY High School Transcript:** If you are a current college student who has never applied for the I Know I Can grant, you must submit a copy of your high school transcript in addition to the SAR and college transcript. *CCS Class of 2018: IKIC will receive your transcript from CCS.*

### A. STUDENT INFORMATION: (PLEASE PRINT NEATLY)

Your Name: \_\_\_\_\_  
LAST FIRST M.I

High School Graduated From: \_\_\_\_\_ Year of H.S. Graduation: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Do you give IKIC permission to text your cell phone?  
 Yes  No

Are you the first in your family to attend college?  
 Yes  No

Preferred e-mail: \_\_\_\_\_

Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Ethnic Background (Optional)  African American  Asian American  Bi-racial  Caucasian  Native American  South Asian  Hispanic/Latino  Middle Eastern  Multiracial  Other \_\_\_\_\_

Have you completed the 2018-2019 FAFSA as of today?  Yes  No  Not Sure

**B. PARENTAL INFORMATION:**

Name of Parent(s)/Guardian(s): \_\_\_\_\_

Relationship:  Mother  Father  Guardian  Other \_\_\_\_\_ Do you live with this person?  Yes  No

Do you give **I Know I Can** permission to share information with the parent(s) or guardian(s) listed above?  Yes  No

Highest Education Completed:  Middle School  High School  Vocational School  College  Post-College  Unknown

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail address \_\_\_\_\_  
 Cell  Home  Work  Other

**C. COLLEGE INFORMATION:**

Name of college/university you will attend in 2018-19: \_\_\_\_\_  
 (If attending a regional campus, list that location with name of school)

City: \_\_\_\_\_ State: \_\_\_\_\_ Major: \_\_\_\_\_ **Your college ID #:** \_\_\_\_\_

Expected date of graduation from college: \_\_\_\_\_ Is school on semesters or quarters?: \_\_\_\_\_  
Month/Year

Where will you be living?  On Campus  At Home  Own Apartment  Other \_\_\_\_\_

**LIST ANY OTHER COLLEGE YOU HAVE ATTENDED:**

College: \_\_\_\_\_ Dates attended \_\_\_\_\_ Degree Rec'd \_\_\_\_\_

College: \_\_\_\_\_ Dates attended \_\_\_\_\_ Degree Rec'd \_\_\_\_\_

**PLEASE READ AND SIGN:**

By signing this document, I PRINT NAME \_\_\_\_\_, hereby affirm that all of the information provided herein is true and complete to the best of my knowledge. I fully understand that providing false information and/or failing to provide all required materials may result in my disqualification of consideration for receipt of any I Know I Can financial assistance and/or continued retention services provided by I Know I Can.

Further, I hereby grant full authorization to I Know I Can, and its representatives, to use any and all information contained in all related financial aid documents and/or academic records provided for any and all relevant purposes, including, but not limited to 1.) financial assistance eligibility and/or selection purposes; 2.) overall monitoring of the student's academic progress to ensure continued assistance, support, and maintained success of the student's educational pursuit; and 3.) any and all research, evaluation, and/or solicitation of support conducted by I Know I Can. I Know I Can, its representatives, community partners, and appropriate college personnel employed at the student's college in the areas pertaining to admission, registration, financial aid, billing, academic progress, retention, and any and all other related programs and/or areas may share any and all relevant information for any and all of the aforementioned purposes. I understand that in the selection of financial assistance recipients, I Know I Can does not discriminate on the basis of gender, ethnic heritage, national origin, personal appearance, personal beliefs, race, religion, or sexual orientation.

By signing this application, the undersigned hereby acknowledges receipt and understanding of the guidelines set forth herein and agrees to abide by the same. Further, the undersigned agrees to waive all personal claims, causes of action, and/or damages against I Know I Can and any and all of its representatives, including, but not limited to, its board of trustees, officers, employees, and associates, arising from or growing out of their participation in I Know I Can.

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_