Dual Enrollment Lab Fee Grant Application

First Name:

Last Name:

Address:

City:

State:

Zip:

Telephone:

CFK Student ID:

CFK Student Email:

High School Attended:

High School Graduation Year:

Cumulative High School GPA:

Indicate your intended field of study in college:

* Please note spelling, grammar, punctuation, capitalization, and essay structure will be considered for the questions below.

What extracurricular activities have you participated in at your high school?

What are your career goals?

Other information you would like us to consider.

Do you have a job? If so, please provide your employment Information. Yes No

Place of Employment:

Hours/Week of Employment:

Parent/Guardian Information

Relationship to Student (Mother, Father, Guardian, etc.):

Highest Education Level:

- ☐Did not finish high school
- ☐High school diploma/GED
- ☐Associate's degree
- ☐Bachelor's degree
- ☐Master's degree
- ☐Doctoral degree
- ☐Other advanced graduate study
- ☐Unknown

Relationship to Student (Mother, Father, Guardian, etc.):

Highest Education Level:

- ☐Did not finish high school
- ☐High school diploma/GED
- ☐Associate's degree
- ☐Bachelor's degree
- ☐Master's degree
- ☐Doctoral degree
- ☐Other advanced graduate study
- ☐Unknown

Other School(s) Attended and Location of School

Name of School:

Location of School:

Cumulative School GPA:

Course Prefix, Number, and CRN

Lab Fee Amount

To be completed by the appropriate CFK Executive Vice President or Vice President.

☐ Approved Funding information (org/account/amount)

☐ Disapproved

Comments:

Completed forms must be returned to the student and attached to the Dual Enrollment Course Approval Form. 72.21(A) Dual Enrollment Lab Fee Grant Application