

Weber & Associates, Inc.

Academic Competitiveness Grant Program for Program Year 2008 - 2009

Date _____ Recommended AC Grant Amount \$ _____

Term of Award: _____

Name of School _____

Name of Student _____ SSN# _____

Select **one** of the following options. This student completed a rigorous secondary school program of study as indicated below.

- _____ (01) A State Designated Program. (Please identify the High School Program Code from the document in this link <http://www.ifap.ed.gov/eannouncements/attachments/0713HERAOperGuidanceAttachA.xls> and enter it here _____) **or**
- _____ (02) Advanced Placement or International Baccalaureate courses and test scores, **or**
- _____ (03) A required set of high school courses. (see the following link for specific state requirements) www.ed.gov/admins/finaid/about/ac-smart/state-programs06.html

This student is: (Please read and check all that apply)

- _____ an entering freshman* **or** Yes No
- _____ classified as a sophomore* at my school Yes No
- _____ a U.S. citizen,
- _____ a Federal Pell Grant recipient,
- _____ enrolled **full-time** in an **associate's or bachelor's degree program**,
- _____ enrolled in the first or second academic year of his or her program of study at a two-year or four-year degree-granting institution,
- _____ a first-year student who has **not** been previously enrolled in an undergraduate program; or
- _____ a second-year student and has at least a cumulative 3.0 grade point average on a 4.0 scale at the end of the first academic year.

I certify the information provided on this form is true, accurate and have placed documentation in the student's file to support the student attending a rigorous secondary school program.

Name of school official

Date

* The student named on this form completed a rigorous secondary school program of study after January 1, 2005,