



APPLICATION FOR THE ADVANCED PLACEMENT INCENTIVE GRANT

P.O. BOX 1469, JEFFERSON CITY, MO 65102-1469
FAX: 573-751-6635 • TOLL-FREE: 800-473-6757, OPTION 4



INSTRUCTIONS

- This application is for the current academic year only (July 1 - June 30) and must be submitted by June 1 at the end of the current academic year.
- Complete Section I.
- Section II is to be completed by the financial aid office at the institution you are attending.
- Return the complete application, along with a copy of your advanced placement score report from the college board, to the above address, Attention: AP Incentive Grant. Must have achieved two grades of three or higher on Advanced Placement exams in the fields of math or science.

I. TO BE COMPLETED BY APPLICANT

PLEASE PRINT NEATLY OR TYPE. READ THE INSTRUCTIONS CAREFULLY.

1. LAST NAME		FIRST NAME		MI	2. SOCIAL SECURITY NUMBER
3. PERMANENT HOME ADDRESS					4. HOME TELEPHONE NUMBER
CITY	STATE	ZIP CODE	5. EMAIL ADDRESS		
6. MO PUBLIC HIGH SCHOOL ATTENDED WHEN AP EXAMS WERE TAKEN				7. HIGH SCHOOL FROM WHICH YOU GRADUATED (IF DIFFERENT FROM WHERE EXAMS WERE TAKEN)	

APPLICANT CERTIFICATION

I hereby certify the information contained in Section I of this application and the attached Advanced Placement Score Report is true, complete, and correct to the best of my knowledge. I authorize the release of any information pertaining to my eligibility for this grant to any Department of Higher Education representative who requests the information.

8. SIGNATURE OF APPLICANT	DATE
---------------------------	------

II. TO BE COMPLETED BY THE FINANCIAL AID OFFICE OF YOUR INSTITUTION

9. NAME OF INSTITUTION			10. ADDRESS		
CITY	STATE	ZIP CODE	11. TELEPHONE NUMBER		

12. COMPLETE ONE OF THE FOLLOWING. THE STUDENT MUST HAVE RECEIVED AN ACCESS MISSOURI OR A+ SCHOLARSHIP AWARD, OR BE ELIGIBLE TO RECEIVE ONE OF THESE AWARDS WITH A CALCULATED AWARD AMOUNT OF ZERO, IN THE CURRENT ACADEMIC YEAR.

- An A+ Scholarship Award was delivered to the student listed in Section I on (date) _____ .
- An Access Missouri Award was delivered to the student listed in Section I on (date) _____ .
- The student listed in Section I was eligible for an A+ Scholarship but the student's federal student aid reduced the A+ Award to zero.
- The student listed in Section I was eligible for an Access Missouri Award but the Access Missouri Award was reduced to zero pursuant to section 173.093, RSMo.

FINANCIAL AID OFFICER COMPLETING THIS APPLICATION

I certify the information provided in Section II is true, complete, and correct to the best of my knowledge.

13. SIGNATURE OF FINANCIAL AID OFFICER	
PRINT OR TYPE NAME AND TITLE	DATE

PLEASE NOTE: SCHOOLS MAY PHOTOCOPY THE COMPLETED APPLICATION.