



SUPPLEMENTAL ASSISTANCE TO INSTITUTIONS OF HIGHER EDUCATION (SAIHE) GRANT APPLICATION

APPLICANT INFORMATION

Student ID#: _____

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email: _____

Term requesting assistance? Spring _____ Summer _____ Fall _____

Were you enrolled at Albany Technical College on or after March 13, 2020? Yes _____ No _____

If not, were you enrolled at another postsecondary institution on or after March 13, 2021? Yes _____ No _____

EDUCATION

DUAL ENROLLMENT APPLICANTS	NON-DUAL ENROLLMENT APPLICANTS
High School: _____	High School: _____
Grade level: _____	College last attended: _____
Expected graduation date: _____	Date of last attendance: _____
	Did you graduate? Yes _____ No _____

FINANCIAL AID & ASSISTANCE INFORMATION

Have you exhausted all your financial aid? _____

Are you receiving funds from any other sources? (if yes, please list sources) _____

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge. If this application leads to grant funds, I understand that false or misleading information in my application or interview may result in disciplinary actions.

Signature: _____ Date: _____

____ I acknowledge that my request for this funding will be applied toward billable charges on my student account as outlined above.

Signature: _____ Date: _____

____ I choose to use the funds at my discretion.

Signature: _____ Date: _____

SERVICES REQUESTED

Please indicate the services requested along with documentation of cost:

Tuition & fees: Yes _____ No _____ Health Care including mental health: Yes _____ No _____

Transportation: Yes _____ No _____ Tools, program specific kits, and/or uniforms: Yes _____ No _____

Childcare: Yes _____ No _____

Other (please specify): _____

PROGRAM INFORMATION

Current Academic or Non-credit Program _____ Spring _____ Summer _____ Fall _____

Credentials Sought: _____ Prior Education Level: _____