

**UNITED STATES DEPARTMENT OF EDUCATION  
WASHINGTON, D.C. 20202  
APPLICATION FOR DESIGNATION AS AN ELIGIBLE INSTITUTION  
FISCAL YEAR 2005**



To apply for grants under Title III Part A and Title V  
Authority: 34 CFR Part 606 and 607 Programs  
**Important: You are required to provide the information requested  
in order to obtain or retain a benefit.**

CFDA Number:  
**031H**

According to the Paperwork reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1840-0103. The time required to complete this information collection is estimated to average 7.00 hours (or minutes) per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Education, Washington, D.C. 20202-4561. If you have comments or concerns regarding the status of your individual submission for this form, write directly to: Institutional Development and Undergraduate Education Service, U.S. Department of Education, 600 Independence Avenue, SW, (1990 K Street, NW, 6<sup>th</sup> floor), Washington, D.C. 20202-8513.

**Instructions: Originals Only - No photo copies**

- This form must be completed electronically.
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Example of  
handwritten text:

John Doe

Example of  
multiple choice:

**Part I. Identity of Applicant Institution**

1. Name of Institution/Campus Requesting

2. Address

Street # or P.O. Box	Street Name		
City	State	Zip Code	

3. Contact Person's Name

Last Name	First Name	MI
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4. Contact Person's Title

Phone Number

Ext.

5. E-mail Address

7. Type (mark one)

- 2- Year Institution  
 4- Year Institution  
 Medical School

8. Control (mark one)

- Private Non-Profit Institution  
 Public Institution

6. Data Universal Numbering System (DUNS Number)

**Part II. Institutional Enrollment**

1. Total Institutional Enrollment (2002-2003 Headcount)

2. Total Minority Enrollment (2002-2003 Headcount)

### Part III. Institutional Statistics

#### 1. Needy Student Requirement

A. 2002-2003 Headcount Enrollment of Undergraduate Degree Students

B. 2002-2003 Recipients of Title IV Need-Based Financial Assistance (Include Only Pell Grant, Supplemental Educational Opportunity Grant, College Work Study, and Perkins Loan)

C. 2002-2003 Enrollment of Half-Time up to and including Full-Time Undergraduate Students

D. 2002-2003 Pell Grant Recipients

#### 2. Educational & General Expenditures Requirement (E&G)

A. Undergraduate Full-Time Equiv. 2001-2002 Enrollment

B. Graduate Full-Time Equiv. 2001-2002 Enrollment

C. 2001-2002 Educational & General Expenditures (E&G)

D. Average E&G per FTE =  $C/(A+B)$

### Part IV. Specific Institutional Eligibility Requirements

#### 1. Needy Student Requirement (mark A, B, or C)

- A. According to the result, after dividing item 1B by item 1A in Part III of this form, at least 50% of Degree Students are recipients of Need-Based Financial Support; or
- B. According to the result, after dividing item 1D by item 1C in Part III of this form, our enrollment exceeds the pertinent threshold for Substantial Percentage of Students Receiving Pell Grants for the 2002-2003 year.
- C. Requesting Waiver (Section 607.3(b) option(s) and Section 606.3(b) option(s): Fill in the bubble(s) needed and attach the narrative justification to this form.

**AND**

#### 2. Educational & General Expenditures Requirement (mark A or B)

- A. The E&G expenditures per FTE Student are less than the pertinent threshold for base year 2001-2002.
- B. Requesting Waiver (Section 607.4(c) and (d) and Section 606.4(c) option(s): Fill in the bubble(s) needed and attach the narrative justification to this form.

### Part V. Certification

(Although this Certification requirement is waived for applicants submitting through the Internet, the Department reserves the right to require a signed form on request.)

To the best of my knowledge and belief, all data in this application are true and correct. The governing body of the applicant has duly authorized this document and the applicant will comply with the required assurances. If applicable, we meet the definition of a branch campus as defined in 34 CFR Part 606.7(b) and 34 CFR 607.7(c).

\_\_\_\_\_  
Authorized Representative's Typed Name and Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Representative's Signature

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Fax Number

\_\_\_\_\_  
Former Name of the Institution/Campus (if applicable)