



**Dual/Concurrent Enrollment Application/  
Application for Enrollment Using Taylor Opportunity Program  
for Students (TOPS) Tech Early Start Award Program (TTES)  
And/Or Supplemental Course Allocations (SCA)**

LOUISIANA OFFICE OF STUDENT FINANCIAL ASSISTANCE (LOSFA)

**A: STUDENT INFORMATION (Print or Type)**

1. Type of Form: A. <input type="checkbox"/> Initial Application B. <input type="checkbox"/> Renewal Application	2. E-mail: _____
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3. First Name: _____	Middle Initial: _____	Last Name: _____	Suffix: _____
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4. SSN: _____ - _____ - _____	5. Birth Date: _____ / _____ / _____	6. Phone #: ( ) _____ - _____
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7. Permanent Home Address (Check if New  ) Street: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

8. **Ethnicity/Race: This information is *voluntary* and the information will be used for federal and/or state law reporting purposes in a non-discriminatory manner consistent with civil rights laws.**

American Indian/Alaskan Native    Asian/Pacific Islander    Black (Non-Hispanic)  
 Caucasian (Non-Hispanic)    Hispanic    Other \_\_\_\_\_

9. **Gender: This information is *voluntary* and the information will be used for federal and/or state law reporting purposes in a non-discriminatory manner consistent with civil rights laws.**

Male    Female

10. Have you attended the Delgado Community College Technical Skills Expo?    Yes    No  
 If yes, when? \_\_\_\_\_

11. I certify the above information is correct and that I will comply with the requirements of the TOPS Tech Early Start Program and/or SCA Program, and/or the Delgado Community College Dual/Concurrent Enrollment program.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

12. I hereby authorize my child's dual/concurrent enrollment in high school and college.

Parent or Custodian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**B: HIGH SCHOOL CERTIFICATION for TTES and SCA (Print or Type)**

13. Name of High School:

14. School's Site Code:

15. School Year and Semester covered by this certification: 20 \_\_\_\_ - 20 \_\_\_\_  1<sup>st</sup> Semester  2<sup>nd</sup> Semester  
Grade Level:  9<sup>th</sup>  10<sup>th</sup>  11<sup>th</sup>  12<sup>th</sup> (check one)

16. Funding Source:  TTES  SCA: Provide Name(s) of College Courses in #18.

17. Award Eligibility Requirements: (TOPS Tech Early Start Only):

- 11<sup>th</sup> Grade Student **OR**  12<sup>th</sup> Grade Student
- Five-year Education and Career Plan completed
- High School GPA of 2.0 or above on a 4.0 scale
- Scored a 15 or above on the mathematics **and** English portion of the ACT PLAN Assessment or a successor assessment, or on the ACT, or on the equivalent concordant value on the SAT, or have achieved a silver level score on the assessments of the ACT WorkKeys system
- In good standing as defined by the high school

18. College Course #	College Course Title	Class Time

19. My signature below certifies that this student receives one or more of the benefits below and this student meets all the requirements listed in block 17, if applicable, and is authorized to be **dually/concurrently** enrolled in college.

A.) Please select ALL that apply:

- Free or Reduced Lunch
- Medicaid
- First Generation College Student
- Other \_\_\_\_\_

B.) Please Select ONE:

- Dual Enrollment  Concurrent Enrollment

C.) Please select the appropriate payment plan:

- SCA Funding
- TOPS Tech Early Start Funding
- Self-Pay
- Other \_\_\_\_\_

Principal/Designee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**C: HIGH SCHOOL RECERTIFICATION for TTES and SCA (Print or Type)**

20. Name of High School:

21. School's Site Code:

22. School Year and Semester covered by this certification: 20 \_\_\_\_ - 20 \_\_\_\_  1<sup>st</sup> Semester  2<sup>nd</sup> Semester

23. Award Renewal Requirements: (*TOPS Tech Early Start Only*):

- High School GPA of 2.0 or above on a 4.0 scale
- 11<sup>th</sup> Grade Student **OR**  12<sup>th</sup> Grade Student
- In good standing as defined by the high school

24. College Course #	College Course Title	Class Time

25. My signature below certifies that this student receives one or more of the benefits below and this student meets all the requirements listed in block 23 and is authorized to be **dually/concurrently** enrolled in college.

A.) Please select ALL that apply:

- Free or Reduced Lunch
- Medicaid
- First Generation College Student
- Other \_\_\_\_\_

B.) Please Select ONE:

- Dual Enrollment     Concurrent Enrollment

C.) Please select the appropriate payment plan:

- SCA Funding
- TOPS Tech Early Start Funding
- Self-Pay
- Other \_\_\_\_\_

Principal/Designee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please see next page of the form for instructions.

# Instructions

## Student

**Initial Application** (Follow these instructions if you have *never* received a TOPS Tech Early Start Award)

1. Check Block 1A and complete and sign Section A (Student Information) of this application and have your parent or guardian authorize your concurrent enrollment in high school and college by signing in Block 12.
2. Submit this application to your high school guidance counselor.
3. Your high school will complete Section B (High School Certification) and return the application to you.
4. It is your responsibility to submit this completed application to the admission's office at the college you will attend. In order to participate in this program, you will be required to complete the college's admission forms. You should obtain those admission forms in advance and submit them to the college with this application.

## Renewal Application

1. Check Block 1B and complete and sign Section A (Student Information) of this application and have your parent/guardian authorize your concurrent enrollment in high school and college by signing in Block 12.
2. Submit this application to your high school guidance counselor.
3. Your high school will complete Section C (High School recertification) and return the application to you.
4. It is your responsibility to submit this completed application to the admission's office at the college you are attending. If you will be attending a different college than the one you previously attended while participating in TOPS Tech Early Start, you will be required to complete the college's admission forms. You should obtain those forms in advance and submit the admission forms with this application.

## High School Counselor, Advisor or Principal

1. Advise students on the appropriateness of their career pursuits and participation in college level work.
2. Review this application thoroughly for accuracy and certify, by signature, that the student has met all of the program requirements to participate or to continue in the program.
3. For an initial application, complete Part (B). For a renewal, complete Part (C). If the student fails to meet any of the requirements listed, advise the student accordingly and do not process the application.
4. If the student meets the eligibility requirements, complete the application and return it to the student for submission to the student's school of choice. Keep a copy of the application in the student's file for audit purposes.

## Public Postsecondary Institutions

After enrolling eligible students, the postsecondary institution may bill by submitting a request for payment to LOSFA via the Louisiana Awards System. The postsecondary institution must enter the TOPS Tech Early Start payment request for each semester to bill for those students who were enrolled through the census day (after the 14<sup>th</sup> class day for semester schools). The TOPS Tech Early Start **BILLING DEADLINES** are:

### Fall Semester:

Billing Begins -	Begin billing <b>after</b> your school's census date.
October 15 -	Fall billing deadline: Billings after this deadline will not be approved.
November 14 -	ALL Fall billing corrections must be completed and processed.

### Spring Semester:

Billing Begins -	Begin billing <b>after</b> your school's census date.
April 1 -	Spring billing deadline: Billings after this deadline will not be approved.
April 30 -	ALL Spring billing corrections must be completed and processed.

In cases where the dates above fall on a weekend or declared holiday, the deadline will be the next working day.

By submitting a payment request to LOSFA, the postsecondary institution is certifying:

- a. The student meets the eligibility criteria for the college course in which the student is enrolled in the TOPS Tech Early Start program;
- b. The student was enrolled through the census day;
- c. The student's high school has granted permission for the student to participate in the program;
- d. The student meets the TOPS Tech Early Start renewal/continuation requirements, and
- e. The student is in good standing at the high school and at the postsecondary institution (if renewal).

\_\_ Fall 20\_\_  
\_\_ Spring 20\_\_  
\_\_ Summer 20\_\_



OFFICE OF THE REGISTRAR  
615 City Park Avenue  
New Orleans, LA 70119-4399  
(504) 671-5022 FAX (504) 671-6503  
[www.dcc.edu](http://www.dcc.edu)

## Authorization to Release Grades for Dual/Concurrent Enrolled Students

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LAST NAME (STUDENT)	FIRST NAME	STUDENT IDENTIFICATION #
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HIGH SCHOOL

I hereby authorize the registrar's office at Delgado Community College to send an official copy of my grades and/or transcript to my high school by midterm and at the conclusion of the academic year. I understand that my high school counselor and/or principal require this official documentation of my college work in order to determine its applicability towards my high school graduation requirements.

I understand that this authorization is good for one official copy of my grades and/or transcript each semester and that the grade report or transcript must be sent from Delgado Community College, directly to the high school. I further understand that any additional copies that I may want for my own personal use must be requested in person and be accompanied by a **\$10.00 (regular processing)** or **\$20.00 (same day processing)** payment.

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DATE	STUDENT'S SIGNATURE
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**Authorized Recipient:**

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HIGH SCHOOL ADDRESS	CITY, STATE, ZIP
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RECIPIENT'S LAST NAME, FIRST NAME	SCHOOL TELEPHONE
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RECIPIENT'S TITLE

Once completed and signed by the dual/concurrent enrollment student, mail this form to the above referenced school's address.

**\*NOTE\* Students are responsible for requesting transcripts in the Registrar's Office upon graduation from high school.**