Delgado
COMMUNITY COLLEGE

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.☐ **Initial Application** B.☐ **Renewal Application**

2. E-mail: _____

3. First Name: _____   Middle Initial: _____   Last Name: _____   Suffix: _____

4. SSN: _____- _____ - _____

5. Birth Date: _____/_____/_____

6. Phone #: (   ) _____ - _____

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_____ ☐ 1ˢᵗ Semester ☐ 2ⁿᵈ Semester
Grade Level: ☐ 9ᵗʰ ☐ 10ᵗʰ ☐ 11ᵗʰ ☐ 12ᵗʰ *(check one)*

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

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

☐ 11ᵗʰ Grade Student **OR** ☐12ᵗʰ 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_____ ☐ 1ˢᵗ Semester ☐ 2ⁿᵈ Semester

23. Award Renewal Requirements: *(TOPS Tech Early Start Only):*
  ☐ High School GPA of 2.0 or above on a 4.0 scale
  ☐ 11ᵗʰ Grade Student **OR** ☐ 12ᵗʰ 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 this is the first semester of the academic year that you apply for enrollment to use TTES or SCA funding)

1. Check Block 1A and complete and sign Section A (Student Information) of this application and have your parent or guardian authorize your dual/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. Since you will be required to complete the college's admission forms, you should obtain these 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 submit it to your high school guidance counselor.
2. Your high school will complete Section C (High School recertification) and return the application to you.
3. It is your responsibility to submit this completed application to the admission's office at the college you are attending. Since you will be required to complete the college's admission forms, you should obtain these forms in advance and submit them to the college 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, if applicable, 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.
5. Maintain a copy of the application for your files.
6. Ensure that Student Data Privacy Protocols have been followed consistent with ACT 837.

Public Postsecondary Institutions

After enrolling eligible students, the postsecondary institution or approved training provider may bill by submitting a request for payment to LOSFA via the Awards System.

The postsecondary institution or approved training provider must enter the TTES or SCA payment request for each semester to bill for those students who were enrolled through the census day (after the 14th class day for semester schools).

By submitting a TTES 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 TTES;
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 TTES renewal/continuation requirements; and
e. The student is in good standing at the high school and at the postsecondary institution (if renewal).

The TOPS Tech Early Start **BILLING DEADLINES** are:

Fall Semester:

Billing Begins -	Begin billing **after** 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 **after** 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.

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__ Fall      20___
__ Spring    20___
__ Summer    20___
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Delgado
COMMUNITY COLLEGE

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

Authorization to Release Grades for Dual/Concurrent Enrolled Students

_____
LAST NAME (STUDENT)   FIRST NAME   STUDENT IDENTIFICATION #

_____
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.

_____   _____
DATE   STUDENT'S SIGNATURE

••
Authorized Recipient:

_____   _____
HIGH SCHOOL ADDRESS   CITY, STATE, ZIP

_____   _____
 RECIPIENT'S LAST NAME, FIRST NAME   SCHOOL TELEPHONE

_____
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.