



Dual and Concurrent Enrollment Application
Application for TOPS Tech Early Start Award Program (TTES)
Application for Supplemental Course Academy Funding (SCA)
 LOUISIANA OFFICE OF STUDENT FINANCIAL ASSISTANCE (LOSFA)

A. STUDENT INFORMATION (Print and Sign in the appropriate areas)

1. Type of Form: Initial Application Renewal Application

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

3. Birth Date: _____ 4. E-mail Address: _____ 5. Phone#: _____

6. Home Address: _____
 City: _____ State: _____ Zip Code: _____

7. Authorization to Release Grades:
 Please confirm whether you authorize or do not authorize the Dual/Concurrent Enrollment Office of Delgado Community College to send your mid-term and final grades to your high school/designee during the semester in which you are enrolled in Delgado's Dual/Concurrent Enrollment Program. You understand that your high school counselor and/or principal require this information to verify your college work in order to determine its applicability towards your high school graduation requirements. You understand that an official copy of your transcript must be requested and sent from the Registrar's Office of Delgado Community College directly to your high school/designee. The cost is \$10.00 for a mailed or electronic copy and \$20.00 for same day processing in the office. You further understand that additional copies must be requested in person and be accompanied by a \$10.00 (regular processing) or \$20.00 (same day processing) payment.

(Please Check One:)
 _____ I authorize the forwarding of my mid-term & final grades to my high school/designee.
 _____ I do not authorize the forwarding of my mid-term & final grades to my high school/designee.

8. I certify the above information is correct and that I will comply with the requirements of the TOPS Tech Early Start Program, Delgado, LA Board of Regents and/or my high school.

Student Signature: _____ **Date:** _____

9. I certify that I am the parent/guardian of the above student. I give consent for my child to be enrolled in dual or concurrent enrollment courses through Delgado.

Parent or Guardian Signature: _____ **Date:** _____

B. HIGH SCHOOL CERTIFICATION (Print and Sign in the appropriate areas)

10. High School and/or DE Partner Name: _____ 11. School's BESE Code: _____

12. Semester covered by this application: Fall 20____ Spring 20____ Summer 20____
 Student Grade Level: 11th 12th Other: _____

13. Requested Course Information:

Course Title	Course Reference#	Prefix / Number / Section	Credit Hours	Course Days / Time

C. HIGH SCHOOL CERTIFICATION cont.

14. Student's Name:

15. Please select the appropriate enrollment type:

- Dual Enrollment Concurrent Enrollment

16. Please select the appropriate payment method:

- Supplemental Course Academy (SCA) Funding
 TOPS Tech Early Start (TTES) Funding - LA Secure#: _____

Award Eligibility Requirements:

- 11th or 12th Grade Students Only
- 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, or on ACT, or the equivalent concordant value on the SAT, or have achieved a silver level score on the assessments of the ACT WorkKeys system.

_____ Math Score _____ English Score

- In good standing as defined by the high school (Counselor's Recommendation Form)

- Self-Pay
 Other: _____

NOTE: Funding for TTES is contingent upon sufficient appropriations. Submission of this application for TTES does not guarantee funding.

17. My signature certifies that this student meets all the requirements and is authorized to be dually/concurrently enrolled in college.

Principal or Designee Signature:

Date: