

## Office of Financial Aid

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website: [desu.edu/financialaid](http://desu.edu/financialaid)



\_\_\_\_\_

Full Name

\_\_\_\_\_

ID Number

## Delaware Incentive Grant Application

The Delaware Incentive Grant was designed with you in mind. In order for you to qualify for the Delaware Incentive Grant, you must be a full time student with enrollment in good standing, and you must have a cumulative grade point average (GPA) of 2.00 or higher on a 4.0 scale. This grant will be applied to tuition, housing, and fees only, and is not refundable.

Awarding of the Delaware Incentive Grant is on a first come first serve basis and the award will be administered in increments designated by the office of financial aid. In order to be considered, you must answer every question. Keep in mind that meeting all of the requirements does not guarantee you an award. **This application must be received by the Office of Financial Aid by March 15, 2017.** Any application received after this date will **NOT** be considered.

## Student Information

\_\_\_\_\_

Permanent Mailing Address (include Apt #)

City

State

Zip

\_\_\_\_\_

Home Phone (include area code)

Cell Phone (include area code)

Personal E-mail Address

\_\_\_\_\_

School Email Address

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

Gender Female  Male

Classification Freshman  Junior   
Sophomore  Senior

What is your GPA on a 4.0 scale \_\_\_\_\_

Are you a resident of the state of Delaware? YES  NO

Are you a citizen or legal resident of the United States? YES  NO

I certify that all information reported is complete and correct to the best of my ability. I understand that any false statement or misrepresentation will be cause for denial, reduction, withdrawal, and/or repayment of financial aid and may subject the financial aid recipient to be fined, imprisoned, or both under provision of the U.S. Criminal Code.

\_\_\_\_\_

Signature of Student

Date

### Official Use Only

Application receipt date \_\_\_\_\_ / \_\_\_\_\_ / 2017 \_\_\_\_\_ Comments \_\_\_\_\_

Delaware Resident YES NO \_\_\_\_\_

Approved YES NO \_\_\_\_\_

Declined YES NO \_\_\_\_\_