

**STUDENT FINANCIAL ASSISTANCE**

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*Preparing people to lead extraordinary lives*

**2009-2010 Academic Competitiveness Grant (FAACGV)  
Eligibility Worksheet**

**Student Name:** \_\_\_\_\_  
(Please print)

**Loyola ID:** \_\_\_\_\_  
(Your 11-digit Loyola ID number begins 0000.)

You indicated on the FAFSA that you are eligible for the Academic Competitiveness Grant (ACG) Program. In order to receive this grant, verification of the requirements must be completed. Please answer all questions and return this worksheet to Loyola University Chicago. Final review of your eligibility must wait until you submit your final high school transcript to us after graduation.

**Academic Competitiveness Grant (ACG) Eligibility Criteria**

**First year students:**

- Were you previously enrolled in a program of undergraduate education? Yes No
- Did you complete a secondary school program of study (high school) after January 1, 2008? Yes No

*High School Graduation Date:* \_\_\_\_\_

**Second year students:**

- Did you complete a secondary school program of study (high school) after January 1, 2008? Yes No

*High School Graduation Date:* \_\_\_\_\_ College cumulative G.P.A. \_\_\_\_\_ on a \_\_\_\_\_ scale

- Did you have a 3.0 G.P.A. at your previous college as of the end of the Spring 2009 term? Yes No

ACG requires completion of rigorous secondary school program; either a set of courses in high school or completion of at least two Advanced Placement courses with passing test score of 3 or two International Baccalaureate courses with passing test score of 4.

**Courses completed in high school:** (check all that apply and forward copy of your final transcript)

- 4 years of English  3 years of Science
- 3 years of Math  3 years of Social Studies
- 1 year of a Foreign Language

**Test Scores:**

How many Advance Placement tests did you complete with passing score of 3? \_\_\_\_\_

How many International Baccalaureate tests did you complete with passing score of 4? \_\_\_\_\_

**Certification Statement:**

All of the information provided on this form is accurate and complete to the best of my knowledge. If requested, I agree to give proof of the information provided on this form. Failure to provide the requested information will result in loss of ACG eligibility.

\_\_\_\_\_  
**Student's Signature**

\_\_\_\_\_  
**Date**

