



DUAL CREDIT ASSISTANCE APPLICATION

BANK OF NORTH DAKOTA
COLLEGE PLANNING CENTER
SFN 60348 (09-2015)

Bank of North Dakota (BND) is accepting applications from eligible students for financial assistance to pay for Dual Credit courses. Funding may be limited. Applications will be considered by date submitted. Approved students may receive assistance for up to two (2) courses per academic school year. **Students may not receive assistance to retake a course.**

To be eligible, a student must:

- 1) Be a current sophomore, junior or senior attending a North Dakota high school.
- 2) Receive authorization from High School to take approved dual credit course.
- 3) Qualify for Free or Reduced Price Lunch.
- 4) Submit application for assistance to BND during the course enrollment process.

Mailing address: Bank of North Dakota
Dual Credit Assistance
PO Box 5524
Bismarck, ND 58506-5524

Fax number: 701.328.5629

Call 800.554.2717 or email cpcgrp@nd.gov if you have questions.

Costs covered by assistance:

- 1) Application fee.
- 2) Tuition and fees.
- 3) Book (with shipping costs if applicable).
- 4) Assistance will be reduced by waivers or other assistance student receives.

After applications are received at BND, students will be sent notification of approval or denial for assistance. The college campus will be notified to bill BND directly for application fee, tuition, fees and book less waivers or other assistance. All assistance will be paid directly to the college campus through which the dual credit course is being taken. In the event of an overpayment to the college, any funds will be returned to BND. Assistance is not a loan; therefore, approved students will not be asked to repay funds.

Section 326 of the USA PATRIOT Act¹ requires us to ask for your Social Security Number. The principal purpose and routine uses of this information are to verify your identity, provide for the servicing of your account or loan, including communications with consumer reporting agencies, and in the event it is necessary, to locate you and collect on your loan(s). Providing any requested information is mandatory in order to receive the requested service. We may not be able to grant the service if the requested information is not provided.

STUDENT INFORMATION (Please print)

| | | | | | |
|--|---|-------------------|---|-------------------|--|
| Student's Legal Name (Last, First, Middle Initial) | | | Social Security Number | | |
| Mailing Address | | City | State | ZIP Code | |
| Email Address | | | Student Telephone Number (include area code) | | |
| Date of Birth (mm/dd/yyyy) | Gender <input type="checkbox"/> Male <input type="checkbox"/> Female | | Year in School (grade when class is taken) <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 | | |
| Parent/Guardian Signature | Date (mm/dd/yyyy) | Student Signature | | Date (mm/dd/yyyy) | |

COURSE 1 (Please print)

| | | | | | |
|--|-------|----------|---|---|----------|
| High School Course Title | | | College Course Title (if this is an AP class, leave this section blank) | | |
| High School State Course Code Number (MIS03) | | | College Course Number | College Sem. Hours (check one) <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 | |
| Name of Attending High School | | | Name of College/University Where Course is to be Credited | | |
| Mailing Address | | | Mailing Address | | |
| City | State | ZIP Code | City | State | ZIP Code |
| School Semester Course is Taken (check one) <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer | | | School Year Course is Taken (example: 2013-2014) | | |

| |
|--|
| Student's Legal Name (Last, First, Middle Initial) |
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COURSE 2 (Please print)

| | | | | | |
|--|-------|----------|---|-------|---|
| High School Course Title | | | College Course Title (if this is an AP class, leave this section blank) | | |
| High School State Course Code Number (MIS03) | | | College Course Number | | College Sem. Hours (check one) <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 |
| Name of Attending High School | | | Name of College/University Where Course is to be Credited | | |
| Mailing Address | | | Mailing Address | | |
| City | State | ZIP Code | City | State | ZIP Code |
| School Semester Course is Taken (check one) <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer | | | School Year Course is Taken (example: 2013-2014) | | |

TO BE COMPLETED BY SCHOOL OFFICIAL

| | | |
|--|--------------------------------------|-------------------|
| Check Box to Certify Applicant is Eligible for Free or Reduced Price Lunch <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Superintendent or Designee Name (please print) | Superintendent or Designee Signature | Date (mm/dd/yyyy) |
| Telephone Number (include area code) | Email Address | |