

# Project ACE

MCAN

## Application for Services

Date: \_\_\_\_\_ School: Wayne Memorial \_\_\_ Inkster \_\_\_ Melvindale \_\_\_ Other \_\_\_

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Referred by: \_\_\_\_\_ Telephone: \_\_\_\_\_

(Mark what is needed)

Financial Aid \_\_\_\_\_  
ACT PREP \_\_\_\_\_

College Application \_\_\_\_\_  
College Searches \_\_\_\_\_

Scholarship Search \_\_\_\_\_  
Career Exploration \_\_\_\_\_

(Mark if eligible)

Financial Aid \_\_\_\_\_

TIP \_\_\_\_\_

ETV \_\_\_\_\_

GI Bill \_\_\_\_\_

Comments: By referring person

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----- Below for Project ACE Staff Only -----

Received date \_\_\_\_\_ Staff \_\_\_\_\_

(Mark when completed)

Financial Aid \_\_\_\_\_  
ACT PREP \_\_\_\_\_

College Application \_\_\_\_\_  
College Searches \_\_\_\_\_

Scholarship Search \_\_\_\_\_  
Career Exploration \_\_\_\_\_

(Eligibility Confirmed)

Financial Aid \_\_\_\_\_

TIP \_\_\_\_\_

ETV \_\_\_\_\_

GI Bill \_\_\_\_\_

Comments: By staff

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