

**UNITED STATES DEPARTMENT OF EDUCATION
WASHINGTON, D.C. 20202
APPLICATION FOR DESIGNATION AS AN ELIGIBLE INSTITUTION
FISCAL YEAR 2008**

To apply for grants under Title III, Part A, and Title V,
CCRAA-HSI, and CCRAA-AANAPISI Programs
Authority: 34 CFR Part 606 and 607 Programs

**Important: You are required to provide the information requested
in order to obtain or retain a benefit.**

CFDA Number:
031H

According to the Paperwork reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1840-0103. The time required to complete this information collection is estimated to average 7.00 hours (or minutes) per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Education, Washington, D.C. 20202-4561. If you have comments or concerns regarding the status of your individual submission for this form, write directly to: Institutional Development and Undergraduate Education Service, U.S. Department of Education, 600 Independence Avenue, SW., (1990 K Street, NW., 6th Floor), Washington, DC 20202-8513.

Instructions:

- This form must be completed electronically.

Part I. Identity of Applicant Institution

1. Institution/Campus OPE ID Number: _____

2. Name of Institution/Campus Requesting

3. Address

Street # or P.O. Box	Street Name
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City	State	Zip Code
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4. Contact Person's Name

Last Name	First Name	MI
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5. Contact Person's Title

Phone Number

Ext.

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6. E-mail Address

8. Type (mark one)

9. Control (mark one)

2- Year Institution

Private Non-Profit Institution

4- Year Institution

Public Institution

7. Data Universal Numbering System (DUNS Number)

Part II. Institutional Enrollment

1. Total Institutional Enrollment (Fall 2005 Head Count)

2. Total Minority Enrollment (Fall 2005 Head Count)

Part III. Institutional Statistics

1. Needy Student Requirement

A. Fall 2005 Head Count Enrollment of Undergraduate and Graduate Degree Students

B. Fall 2005 Recipients of Title IV Need-Based Financial Assistance (Include Only Pell Grant, Supplemental Educational Opportunity Grant, College Work Study, and Perkins Loan)

C. Fall 2005 Enrollment of Half-Time up to and including Full-Time Undergraduate Students

D. Fall 2005 Pell Grant Recipients

2. Educational & General Expenditures Requirement (E&G)

A. Undergraduate Full-Time Equiv. Fall 2005 Enrollment

B. Graduate Full-Time Equiv. Fall 2005 Enrollment

C. Total 2005-2006 Educational & General Expenditures (E&G)

D. Average 2005-2006 E&G per FTE = $C/(A+B)$

Part IV. Specific Institutional Eligibility Requirements

1. Needy Student Requirement (mark A, B, or C)

- A. According to the result, after dividing item 1B by item 1A in Part III of this form, at least 50% of Degree Students are recipients of Need-Based Financial Support; or
- B. According to the result, after dividing item 1D by item 1C in Part III of this form, our enrollment exceeds the pertinent threshold for Substantial Percentage of Students Receiving Pell Grants for the 2005-2006 year.
- C. Requesting Waiver (Section 607.3(b) and Section 606.3(b) option(s): Fill in the bubble(s) needed and attach the narrative justification to this form.

AND

2. Educational & General Expenditures Requirement (mark A or B)

- A. The E&G expenditures per FTE Student are less than the pertinent threshold for base year 2005-2006.
- B. Requesting Waiver (Section 607.4(c) and (d) and Section 606.4(c) and (d) option(s): Fill in the bubble(s) needed and attach the narrative justification to this form.

Part V. Certification

(Although this Certification requirement is waived for applicants submitting through the Internet, the Department reserves the right to require a signed form on request.)

To the best of my knowledge and belief, all data in this application are true and correct. The governing body of the applicant has duly authorized this document and the applicant will comply with the required assurances. We meet the accrediting requirements and, if applicable, we meet the definition of a branch campus as defined in 34 CFR Part 606.7(b) and 34 CFR 607.7(c).

Authorized Representative's Typed Name and Title

Date

Authorized Representative's Signature

Phone Number

Fax Number

Former Name of Applicant Institution/Campus (if applicable)