



ATHENS STATE
UNIVERSITY

(Re)Engage
ALABAMA

Are you interested in returning to school to finish your degree? Now is the time! You may qualify for the new (Re)Engage Grant provided by the Alabama Commission on Higher Education. Limited funds and program eligibility are available.

Requirements listed below and contact us today for more information:

1. 25 years or older
2. US citizen or permanent resident living in Alabama
3. Graduated from high school or recognized equivalent
4. Has not attended for at least two (2) years (24 consecutive months) before their current enrollment
5. Has not earned an associate or bachelor's degree at any other institution before applying
6. Completed of at least 72 credit hours towards a baccalaureate degree
7. Enrolled as a full-time student (minimum of twelve (12) semester hours) or part-time (minimum of six (6) semester hours) student in an eligible program
8. Completed FAFSA
9. In good academic standing
10. Major in an approved program provided by the State of Alabama:
 - **Computer Science**
 - **Information Technology**
 - **Elementary Education**
 - **Health (6-12) & Phys Ed (P-12)**
 - **English**
 - **Biology**
 - **Math**
 - **Chemistry**
 - **Sociology**
 - **History**
 - **Art**
 - **Fast-Track BSN**
 - **Public Health**
 - **Strategic Healthcare Mgmt/Admn**
 - **Accounting**
 - **Management**
 - **Marketing and Analytics**
 - **Logistics & Supply Chain Mgmt**
 - **Advanced Manufacturing Mgmt**
 - **Management of Technology**
 - **Human Resource Management**

To apply, complete the (Re)Engage Application and email submission to scholarships@athens.edu

Have questions about returning to Athens State? Email admissions@athens.edu Have questions about the (Re)Engage Grant? Email scholarships@athens.edu

(Re)Engage Alabama Grant Program Student Application

(FAFSA Completion Required)

An application must be submitted for each semester/quarter that aid is requested.

Applications received at the end of any semester/quarter will not be processed and paid.

SECTION I. TO BE COMPLETED BY STUDENT IN INK (Please Print Legibly)

1. Name: _____
Last First Middle

2. Social Security No.: _____

3. Birth Date: ____ / ____ / ____
(mm/dd/yyyy)

4. Cell Phone: _____

5. Student ID: _____

6. Email Address: _____

7. Mailing Address: _____
Street City State Zip

8. Undergraduate Degree Program: _____

I certify that I meet the student eligibility requirements listed on this form, and the information on this application is true and correct to the best of my knowledge and belief. Any false or willful misrepresentation will disqualify me from participation in the **(Re)Engage Alabama Grant Program**.

I understand that if I fail to satisfy eligibility requirements for participation in the program, (i.e., termination from the institution, unsatisfactory academic performance, change in program of study, or withdrawal from the institution), I will be liable for being disqualified for the program or for repayment of any amount received.

I also understand that once my application has been approved and I do not attend the institution, I could jeopardize any further access to **(Re)Engage Alabama Grant Program** funds.

I agree that the authorized institution and the Alabama Commission on Higher Education have my permission to verify information contained on this application.

Signature of Student

____ / ____ / ____
Date (mm/dd/yyyy)

A wet or digital signature is required.

SECTION II. TO BE COMPLETED BY INSTITUTION

FAFSA Completion on File ____ Yes ____ No

(Re)Engage Awardee Status: New ____
Returning ____

CIP Code (Aligns with Identified ACCCP High Demand High Wage Jobs) _____

Hours of Enrollment: _____

Enrollment Dates: ____/____/____ to ____/____/____
(mm/dd/yyyy) (mm/dd/yyyy)

(Re)Engage Grant Amount Requested
\$ _____

Semester/Quarter:

Fall 2024 ____
Winter 2025 ____
Spring 2025 ____
Summer 2025 ____

Alabama Resident: ____ Yes ____ No*

***Non-Alabama Residents are NOT eligible for the (Re)Engage Grant Program.**

Student Degree Audit on File ____ Yes ____ No (Note: Student degree audits will be required for an institution's program audit.)

Institution

School OPEID Number

Signature of (Re)Engage Primary Contact/Financial Aid Director

____ / ____ / ____
Date (mm/dd/yyyy)