



Phoenixville Community Education Foundation

taking education to new heights

PCEF Student Application for Dual Enrollment Financial Aid 2015-2016 School Year

Applicant Name(s) _____

Grade at PAHS: _____ Date _____

Tuition Assistance Requested: \$ _____

Name of Course: _____

Name of Institution of Higher Learning: _____

Institution Mailing Address: _____

Description of Expense (Semester or Full Year Tuition): _____

What do you see as the advantage to taking this Dual Enrollment Course? _____

What college credits will be received for this class? _____

This application will be reviewed by the PCEF staff. You will be notified with an answer within two weeks of your application date.

Approved Declined

Amount Approved \$ _____

_____ Date

_____ PCEF Executive Director