

# The Roberta L. Houpt Fund Scholarship Renewal Application

## Applicant Information

Please use proper capitalization, i.e. John A Smith not JOHN A SMITH or john a smith

Prefix e.g., Mr., Miss, Ms., Mrs. Miss	First Name Kacie	Middle Initial A	Last Name Wagner	Suffix e.g., Jr.
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Pronoun  
e.g., he, she, they  
she

Nickname or Preferred Name

Address 1 Street Address 328 Ponderosa Road	Address 2 Apt./Unit #
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City Carlisle	County Cumberland County	State Pennsylvania	Zip Code 17015
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Phone  
XXX-XXX-XXXX  
717-422-8379

E-mail Address  
Please provide an e-mail address you will continue to check throughout the year  
kaw37344@hawkmil.hacc.edu

Date of Birth August 28, 2001	Gender Female
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Are you Married? No	Name of Spouse if applicable
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Number of Dependents and Age(s)  
if applicable

## Family Information

Parent 1 / Caregiver 1

Relationship to Applicant

Mother

Prefix First Name Middle Initial Last Name  
e.g., Mr., Miss, Ms., Mrs. Julie L Wagner  
Mrs.

Pronoun  
e.g., he, she, they  
she

Employer Occupation  
self employed manager

Address 1 Address 2  
Home Address Apt./Unit #  
205 Greenbriar Road

City State Zip  
Elliottsburg PA 17024

Home Phone Work Phone Cell Phone  
xxx-xxx-xxxx xxx-xxx-xxxx xxx-xxx-xxxx  
717-789-4877 717-226-8145

E-mail Address

Please provide an e-mail address that is checked regularly  
wagnerfamily5@embarqmail.com

Parent 2 / Caregiver 2

Relationship to Applicant

Father

Prefix First Name Middle Initial Last Name  
e.g., Mr., Miss, Ms., Mrs. William C Wagner  
Mr.

Pronoun  
e.g., he, she, they  
he

Employer Occupation  
County of Perry Maintenance

Address 1 Address 2  
Home Address Apt./Unit #  
205 Greenbriar Road

City State Zip  
Elliottsburg PA 17024

Home Phone Work Phone Cell Phone

XXX-XXX-XXXX  
717-789-4877

XXX-XXX-XXXX

XXX-XXX-XXXX  
717-275-5820

#### E-mail Address

Please provide an e-mail address that is checked regularly

wagnerfamily5@embarqmail.com

Father Deceased?

No

Mother Deceased?

No

Parents Divorced?

No

Are you the first in your family to attend college?

No

List names, ages, and educational levels of siblings living in your household:

Name, Age, Grade, or Year in College & Name of College

Tyler Wagner, 21 & Brendan Wagner, 14, sophomore at West Perry High School

Please provide any additional information regarding your family, if necessary:

I do not live with my parents. I am fully independent and I completely fund my education aside from grants and scholarships.

## Post-Secondary Information & Educational Financing

High School Attended

West Perry High School

High School Address 1

2608 Shermans Valley Road

High School Address 2

City

Elliottsburg

State

Pennsylvania

Zip Code

17024

Name of College/University

harrisburg area community college

Year in college for upcoming school year

Sophomore

Major and minor field of study

LPN and Spanish Minor

Check this box if you plan to be a full-time student.

Yes

If you do not plan to be a full-time student,  
how many credit hours are you planning to take?

12

Expected College Graduation Date

December 14, 2020

Current Cumulative GPA

3.5

Please provide educational financing information for the school you will attend in the fall.  
If you are unsure of what school you will attend, please provide information for your first choice school.

**ALL DOLLAR FIGURES SHOULD REFLECT EXPENSES FOR ONE FULL ACADEMIC YEAR**

Expected Annual Tuition & Fees

Total dollar figure for both fall & spring semesters

Expected Annual Room & Board

Total dollar figure for both fall & spring semesters

Expected Annual Textbooks & Supplies

Total dollar figure for both fall & spring semesters

6,000

2,400

1,000

**Where do you plan to live during the school year?**

Please indicate if you will be living in campus housing, commuting, living off campus etc.

rent an apartment

**Are you financing your own education?**

Yes

**How much of your education are you financing?**

dollar figure for one academic year

10,000

**If no or partial, who is helping to finance your education?**

**How much of your education are they supporting?**

dollar figure for one academic year

**Do you plan to take out student loans for the upcoming year?**

Loans include federal subsidized, unsubsidized, and private loans

No

**If yes, how much?**

dollar figure

**Do you plan to have employment during the academic year?**

Employment includes participating in a work study program and private employment

Yes

**If yes, how many hours will you work per week? How much will you earn?**

Include hours and dollar figure

12hr 13/wk

Use the space below to describe how you will finance the total of your education and provide any clarification needed for the answers given above.

I will be paying for all of my education. I am applying for scholarships and financial aid. Whatever amount is due I will be taking out loans to help pay for. I will be working around 12 hours a week. making \$13 an hour.

## Attachments

Title	File Name
Other Scholarship Information	<a href="#">OtherScholarshipInformation.doc</a>
Student Resume	<a href="#">StudentResume.doc</a>
FAFSA Student Aid Report	<a href="#">Scan Mar 2, 2020.pdf</a>



OTHER SCHOLARSHIP INFORMATION

Please list all other scholarships you have applied for (attach an additional sheet of paper if more space is needed):

Table with 3 columns: Scholarship Name, Received (Yes/No/Pending), and Amount. Includes entries like Carlisle Area Healthcare Auxillary, leader scholarship fund, Harry N. and Melva A. Derikson, Leon I Lock and Barabara R. lock, and Roberta L. haupt.



## STUDENT RESUME

List any school, community, and faith-based activities in which you have been involved in the last four years and note if it was while in high school (HS) or college (C). Be sure to include leadership roles and number of hours (hours per week/month/year, whichever is applicable). Make additional copies of this page if more space is needed.

School Activities	Timeframe		Month(s) & Year(s)	FR	SO	JR	SR	Total # Hours
	HS	C						
Girls soccer team	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2015-2019r	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80
track and field	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2015-2019	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80
student council	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2016-2019r	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	56
spanish travel club	<input checked="" type="checkbox"/>	<input type="checkbox"/>	august2016-june2017	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15
national honor society	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2017-2019	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	35
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Community & Faith-based Activities	Timeframe		Month(s) & Year(s)	FR	SO	JR	SR	Total # Hours
	HS	C						
Hungary mission trip	<input checked="" type="checkbox"/>	<input type="checkbox"/>	july 2018	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	78
worship team	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	2015- present	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100+
service trip	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2015	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	48
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Awards & Honors	HS	C	FR	SO	JR	SR	Year
coaches award in soccer	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2019
perfect attendance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2017
top 35in class	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2019
top 25 in class	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2017
honors student	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2019
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Work Experience		Dates of Employment	Average Hours Worked Per Week
Employer in home care	Position caregiver	october 2018- present	12
UPMC carlisle	patient care assistant	December 2019-present	24

# Processed Information

## 2020-2021 Electronic Student Aid Report (SAR)

The SAR summarizes the information you submitted on your 2020-2021 Free Application for Federal Student Aid (FAFSA).

Application Receipt Date: 10/07/2019	XXX-XX-1254 WA 01
Processed Date: 10/08/2019	EFC: 7773
	DRN: 8858

▼ Collapse All

### > Comments About Your Information

Learn about [federal tax benefits for education](#), including the *American Opportunity Tax Credit* (AOTC).

Based on the information we have on record for you, your EFC is 7773. You are not eligible for a Federal Pell Grant but you may be eligible for other aid. Your school will use your EFC to determine your financial aid eligibility for other federal grants, loans, and work-study, and possible funding from your state and school.

**WHAT YOU MUST DO NOW** (Use the checklist below to make sure that all of your issues are resolved.)

If you need to make corrections to your information, click 'Make FAFSA Corrections' on the 'My FAFSA' page using your FSA ID. If you need additional help with your SAR, contact your school's financial aid office or click the 'Help' icon on the FAFSA home page. If your mailing address or e-mail address changes, you can make the correction online.

### > FAFSA Data

Assumed fields, based on the data you entered, are marked with an "\*" (asterisk) sign.

1. Student's Last Name:	WAGNER
2. Student's First Name:	KACIE
3. Student's Middle Initial:	A
4. Student's Permanent Mailing Address:	328 PONDEROSA ROAD
5. Student's Permanent City:	CARLISLE
6. Student's Permanent State:	PA
7. Student's Permanent ZIP Code:	17015
8. Student's Social Security Number:	XXX-XX-1254
9. Student's Date of Birth:	08/28/2001
10. Student's Telephone Number:	(717) 422-8379
11. Student's Driver's License Number:	32839715
12. Student's Driver's License State:	PA
13. Student's E-mail Address:	kaw37344@hawkmail.hacc.edu
14. Student's Citizenship Status:	YES, I AM A U.S. CITIZEN (OR U.S. NATIONAL)

## Processed Information - FAFSA on the Web - Federal Student Aid

15. Student's Alien Registration Number:	
16. Student's Marital Status:	I AM SINGLE
17. Student's Marital Status Date:	
18. Student's State of Legal Residence:	PA
19. Was Student a Legal Resident Before January 1, 2015?	YES
20. Student's Legal Residence Date:	
21. Is the Student Male or Female?	FEMALE
22. Register Student With Selective Service System?	NO
23. Drug Conviction Affecting Eligibility?	ELIGIBLE FOR AID
24. Parent 1 Educational Level:	COLLEGE OR BEYOND
25. Parent 2 Educational Level:	HIGH SCHOOL
26. High School or Equivalent Completed?	HIGH SCHOOL DIPLOMA
27a. Student's High School Name:	WEST PERRY SHS
27b. Student's High School City:	ELLIOTTSBURG
27c. Student's High School State:	PA
28. First Bachelor's Degree before 2020-2021 School Year?	NO
29. Student's Grade Level in College in 2020-2021:	2ND YR./SOPHOMORE
30. Type of Degree/Certificate:	1ST BACHELOR'S DEGREE
31. Interested in Work-study?	DONT KNOW
32. Student Filed 2018 Income Tax Return?	NOT GOING TO FILE
33. Student's Type of 2018 Tax Form Used:	
34. Student's 2018 Tax Return Filing Status:	
35. Student Filed Schedule 1?	
36. Student's 2018 Adjusted Gross Income:	
37. Student's 2018 U.S. Income Tax Paid:	
38. Student's 2018 Income Earned from Work:	\$0
39. Spouse's 2018 Income Earned from Work:	
40. Student's Total of Cash, Savings, and Checking Accounts:	\$5,391
41. Student's Net Worth of Current Investments:	\$0
42. Student's Net Worth of Businesses/Investment Farms:	\$0
43a. Student's Education Credits:	



43b. Student's Child Support Paid:	\$0
43c. Student's Taxable Earnings from Need-Based Employment Programs:	\$0
43d. Student's College Grant and Scholarship Aid Reported to IRS as Income:	
43e. Student's Taxable Combat Pay Reported in AGI:	
43f. Student's Cooperative Education Earnings:	\$0
44a. Student's Payments to Tax-Deferred Pensions & Retirement Savings:	\$0
44b. Student's Deductible Payments to IRA/Keogh/Other:	
44c. Student's Child Support Received:	\$0
44d. Student's Tax Exempt Interest Income:	
44e. Student's Untaxed Portions of IRA Distributions and Pensions:	
44f. Student's Housing, Food, & Living Allowances:	\$0
44g. Student's Veterans Noneducation Benefits:	\$0
44h. Student's Other Untaxed Income or Benefits:	\$0
44i. Money Received or Paid on Student's Behalf:	\$0
45. Student Born Before January 1, 1997?	NO
46. Is Student Married?	NO
47. Working on Master's or Doctorate in 2020-2021?	NO
48. Is Student on Active Duty in U.S. Armed Forces?	NO
49. Is Student a Veteran?	NO
50. Does Student Have Children He/She Supports?	NO
51. Does Student Have Dependents Other than Children/Spouse?	NO
52. Parents Deceased?/Student Ward of Court?/In Foster Care?	NO
53. Is or Was Student an Emancipated Minor?	NO
54. Is or Was Student in Legal Guardianship?	NO
55. Is Student an Unaccompanied Homeless Youth as Determined by High School/Homeless Liaison?	NO
56. Is Student an Unaccompanied Homeless Youth as Determined by HUD?	NO
57. Is Student an Unaccompanied Homeless Youth as Determined by Director of Homeless Youth Center?	NO
58. Parents' Marital Status:	MARRIED OR REMARRIED
59. Parents' Marital Status Date:	08/1992
60. Parent 1 (Father's/Mother's/Stepparent's) Social Security Number:	XXX-XX-0968

## Processed Information - FAFSA on the Web - Federal Student Aid

61. Parent 1 (Father's/Mother's/Stepparent's) Last Name:	WAGNER
62. Parent 1 (Father's/Mother's/Stepparent's) First Name Initial:	W
63. Parent 1 (Father's/Mother's/Stepparent's) Date of Birth:	02/02/1970
64. Parent 2 (Father's/Mother's/Stepparent's) Social Security Number:	XXX-XX-2568
65. Parent 2 (Father's/Mother's/Stepparent's) Last Name:	WAGNER
66. Parent 2 (Father's/Mother's/Stepparent's) First Name Initial:	J
67. Parent 2 (Father's/Mother's/Stepparent's) Date of Birth:	02/15/1973
68. Parents' E-mail Address:	wagnerfamily5@embarqmail.com
69. Parents' State of Legal Residence:	PA
70. Were Parents Legal Residents Before January 1, 2015?	YES
71. Parents' Legal Residence Date:	
72. Parents' Number of Family Members in 2020-2021:	5
73. Parents' Number in College in 2020-2021 (Parents Excluded):	1
74. Parents Received Medicaid or Supplemental Security Income?	NO
75. Parents Received SNAP?	NO
76. Parents Received Free/Reduced Price Lunch?	NO
77. Parents Received TANF?	NO
78. Parents Received WIC?	NO
79. Parents Filed 2018 Income Tax Return?	ALREADY COMPLETED
80. Parents' Type of 2018 Tax Form Used:	Transferred from the IRS
81. Parents' 2018 Tax Return Filing Status:	MARRIED-FILED JOINT RETURN
82. Parents Filed Schedule 1?	
83. Is Parent a Dislocated Worker?	
84. Parents' 2018 Adjusted Gross Income:	Transferred from the IRS
85. Parents' 2018 U.S. Income Tax Paid:	Transferred from the IRS
86. Parent 1 (Father's/Mother's/Stepparent's) 2018 Income Earned from Work:	\$46,199
87. Parent 2 (Father's/Mother's/Stepparent's) 2018 Income Earned from Work:	\$31,872
88. Parents' Total of Cash, Savings, and Checking Accounts:	
89. Parents' Net Worth of Current Investments:	
90. Parents' Net Worth of Businesses/Investment Farms:	
91a. Parents' Education Credits:	Transferred from the IRS

91b Parents' Child Support Paid	\$0
91c Parents' Taxable Earnings from Need-Based Employment Programs	\$0
91d Parents' College Grant and Scholarship Aid Reported to IRS as Income:	\$0
91e Parents' Taxable Combat Pay Reported in AGI:	\$0
91f Parents' Cooperative Education Earnings:	\$0
92a Parents' Payments to Tax-Deferred Pensions & Retirement Savings:	\$0
92b Parents' Deductible Payments to IRA/Keogh/Other:	Transferred from the IRS
92c Parents' Child Support Received:	\$0
92d Parents' Tax Exempt Interest Income:	Transferred from the IRS
92e Parents' Untaxed Portions of IRA Distributions and Pensions:	Transferred from the IRS
92f Parents' Housing, Food, & Living Allowances:	\$0
92g Parents' Veterans Noneducation Benefits:	\$0
92h Parents' Other Untaxed Income or Benefits:	\$0
93 Student's Number of Family Members in 2020-2021:	
94 Student's Number in College in 2020-2021:	
95 Student Received Medicaid or Supplemental Security Income?	NO
96 Student Received SNAP?	NO
97 Student Received Free/Reduced Price Lunch?	NO
98 Student Received TANF?	NO
99 Student Received WIC?	NO
100. Is Student or Spouse a Dislocated Worker?	
101a. First Federal School Code:	003273
101b. First Housing Plans:	OFF CAMPUS
101c. Second Federal School Code:	
101d. Second Housing Plans:	
101e. Third Federal School Code:	
101f. Third Housing Plans:	
101g. Fourth Federal School Code:	
101h. Fourth Housing Plans:	
101i. Fifth Federal School Code:	
101j. Fifth Housing Plans:	

101k Sixth Federal School Code:	
101l Sixth Housing Plans:	
101m Seventh Federal School Code:	
101n Seventh Housing Plans:	
101o Eighth Federal School Code:	
101p Eighth Housing Plans:	
101q Ninth Federal School Code:	
101r Ninth Housing Plans:	
101s Tenth Federal School Code:	
101t Tenth Housing Plans:	
102 Date Completed:	10/07/2019
103 Signed By:	BOTH STUDENT AND PARENT
104 Preparer's Social Security Number:	
105 Preparer's Employer Identification Number (EIN):	
106 Preparer's Signature:	

> **Graduation/Retention/Transfer Rates**

The table shows the graduation, retention, and transfer rates for the schools you selected. Go to the College Scorecard Web site for complete information.

School Name	Graduation Rate	Retention Rate	Transfer Rate	Additional Information from <i>College Scorecard</i>
HARRISBURG AREA COMMUNITY COLLEGE	11%	56%	21%	N/A

> **Your Financial Aid History Information**

The information below is the total amount of student loans that you owe. These loans are administered by the U.S. Department of Education (ED). You should confirm that these loan totals are correct. You can view details on the individual loans that make up these totals at the National Student Loan Data System (NSLDS) Web site. If you feel that the amounts listed on this page are incorrect, or you have other questions related to a loan, you should contact the loan servicer indicated on the NSLDS Web site. You can obtain general information about each of the types of loans that are listed below by visiting our StudentAid.gov Web site.

Note that the "Subsidized" and "Unsubsidized" amounts include the appropriate portions of any Consolidation Loans you may have. If there is an amount listed for "Unallocated Consolidation Loans" it is because we could not determine whether those balances were subsidized or unsubsidized.

Remember you are responsible for repaying all of the amounts that you borrow, plus interest. As a general rule, with an assumed interest rate of 5%, the monthly payment amount over a ten-year repayment period would be approximately \$10.61 for every \$1,000 that you borrowed. Of course your actual repayment amount will depend upon how much you borrow, the interest rate when you enter repayment, and how long your repayment term is.

Total Amount of Loans Outstanding -			
FFEL (Bank Loans) and/or Direct Loans:	Total Principal Balance	Remaining Amount to be Disbursed	Total
Subsidized Loans:			
Unsubsidized Loans:			
Combined Loans:			
Unallocated Consolidation Loans:			

FFEL (Bank Loans) and/or Direct Loans:	Total Principal Balance	Remaining Amount to be Disbursed	Total
Federal Perkins Loan Amounts:			
Total Outstanding Principal Balance:			
2020-2021 Loan Amount:			
TEACH Grants Converted to Direct Loans:			
Unsubsidized Loans:			

At this point, the school(s) listed on your application have access to your information. The school(s) may put together or change an aid package based on your Expected Family Contribution and notify you.

The amount of aid you receive from a school will depend on the cost of attendance at that school, your enrollment status (full-time, three-quarter-time, half-time, or less than half-time), Congressional appropriations, and other factors. Review your financial aid notification from the school(s) or contact the Financial Aid Administrator at the school(s).

Note: Your school has the authority to request copies of certain financial documents to verify information you reported on your application.

**To protect the confidentiality of your application data, you should never give, share, or disclose your FSA ID to anyone, including commercial service providers that provide assistance with the financial aid process. You should keep your FSA ID in a safe location**

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 1845-0001. Public reporting burden for this collection of information is estimated to average 5 to 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The obligation to respond to this collection is voluntary. If you have comments or concerns regarding the status of your individual submission of this form, please contact the Federal Student Aid Information Center, P.O. Box 84, Washington, D.C. 20044 directly.

We may request additional information from you to process your application more efficiently. We will collect this additional information only as needed and on a voluntary basis.

By answering questions 101a through 101t, and signing the Free Application for Federal Student Aid, you give permission to the U.S. Department of Education to provide information from your application to the college(s) you entered. You also agree that such information is deemed to incorporate by reference the certification statement on the sign and submit page of the financial aid application. The certification statement can be viewed at [StudentAid.gov/2021/help/certification-statement](http://StudentAid.gov/2021/help/certification-statement).

**WARNING:** If you are convicted of drug distribution or possession for an offense that occurred while you were receiving Title IV aid, your eligibility for Title IV student financial aid is subject to suspension or termination. If your drug conviction status changes at any time during the 2020-2021 award year, you must update your answer to the drug conviction affecting eligibility question.

SSN:\*\*\*\*\*1254

Date of Birth: 28-AUG-2001

Date Issued:02-MAR-2020 OFFICIAL

Record of : Kacie A Wagner

TOTAL TRANSFER 0.00 0.00 0.00 0.00

Issued To : THE FOUNDATION FOR ENHANCING COMMUNITIES

OVERALL 40.00 40.00 140.00 3.50

END OF TRANSCRIPT

Course Level : Credit

**Current Program**

Major:  
Practical Nursing

Subj No.	Title	Cred	Grade	Pts	R
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**INSTITUTION CREDIT:**

**Fall 2018**

COMM101	Effective Speaking	3.00	A	12.00
ENGL 101	English Composition I	3.00	A	12.00
GP 201	Intro to American Government	3.00	B	9.00
PSYC 101	General Psychology	3.00	B	9.00

Earned Hrs	GPA-Hrs	QPts	GPA
12.00	12.00	42.00	3.50

Dean's List  
Good Standing

**Spring 2019**

BIOL 121	Anatomy and Physiology I	4.00	B	12.00
BIOL 221	Microbiology	4.00	B	12.00
ENGL 102	English Composition II	3.00	A	12.00
SPAN 104	Spanish for Healthcare	3.00	A	12.00

Earned Hrs	GPA-Hrs	QPts	GPA
14.00	14.00	48.00	3.42

Dean's List  
Good Standing

**Summer 2019**

MATH 055	Pre-College Mathematics V	2.00	A	8.00
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Earned Hrs	GPA-Hrs	QPts	GPA
2.00	2.00	8.00	4.00

Good Standing

**Fall 2019**

BIOL 122	Anatomy and Physiology II	4.00	B	12.00
NUTR 104	Nutrition	3.00	A	12.00
PNUR 140	Intro to PN Concepts I	1.00	B	3.00
PNUR 143	Concepts of Informatics in PN	1.00	B	3.00
PSYC 209	Life Cycle Development	3.00	A	12.00

Earned Hrs	GPA-Hrs	QPts	GPA
12.00	12.00	42.00	3.50

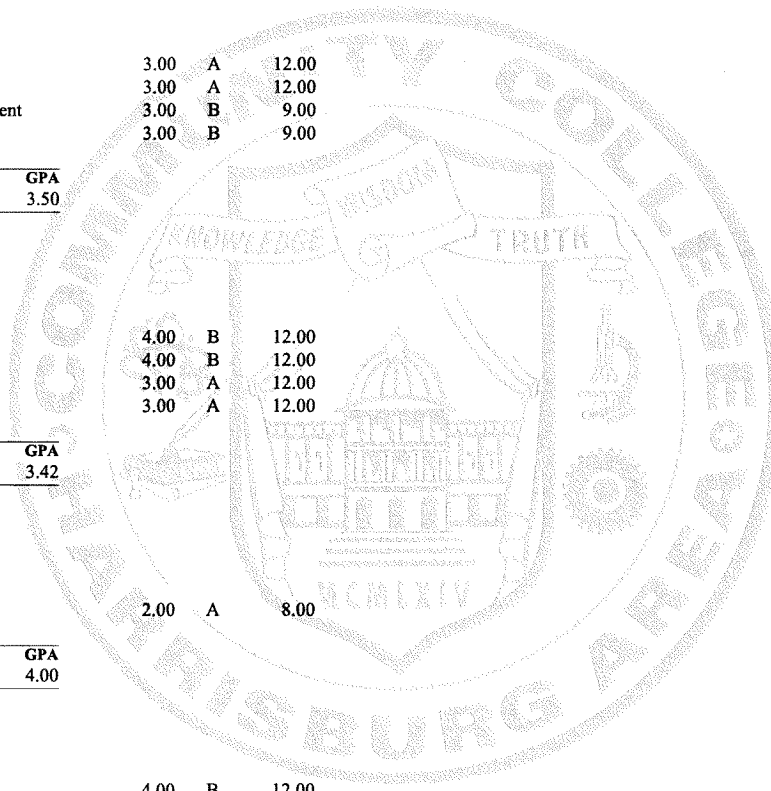
Dean's List  
Good Standing

**Spring 2020**

PNUR 141	Intro to PN Concepts II	1.00	In Prog	Course
PNUR 142	Data Collection Concepts PN	1.00	In Prog	Course
PNUR 144	Fundamental Concepts for PN	4.00	In Prog	Course
PNUR 145	Intro to Gerontology for PN	2.00	In Prog	Course

Transcript Totals	Earned Hrs	GPA Hrs	Points	GPA
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TOTAL INSTITUTION	40.00	40.00	140.00	3.50
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*Genita Mangum*  
Genita Mangum, Registrar

SSN:\*\*\*\*\*1254

Date of Birth: 28-AUG-2001

Date Issued:02-MAR-2020 OFFICIAL

Record of : Kacie A Wagner

Issued To : THE FOUNDATION FOR ENHANCING COMMUNITIES

Course Level : Non Credit

Subj	No.	Title	Cred	Grade	Pts	R
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**INSTITUTION CREDIT:**

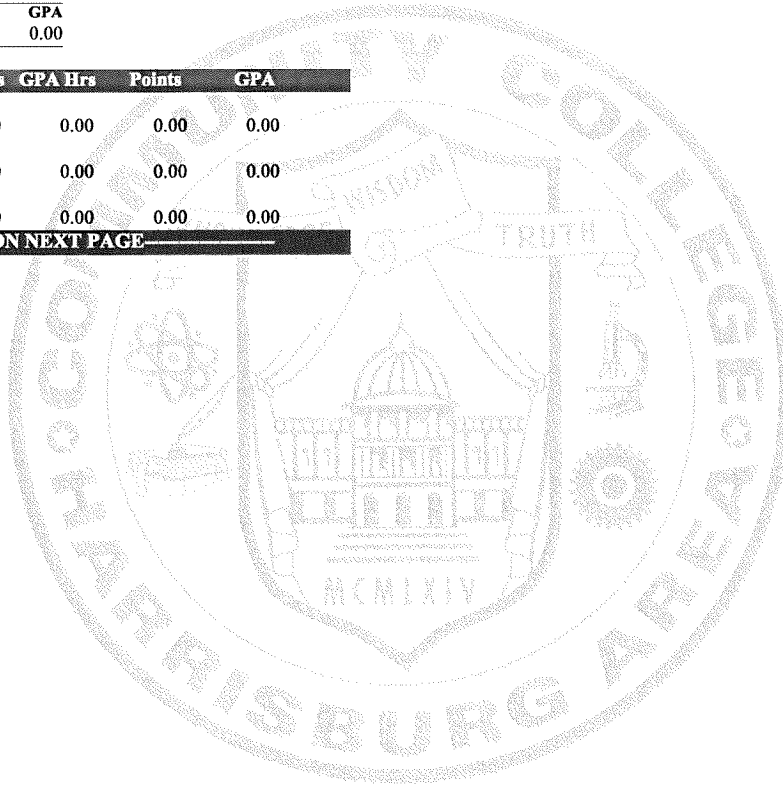
Non Credit 7/2019 to 6/2020

EMS	CE084	Basic Life Support	0.45	P	0.00
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Earned Hrs	GPA-Hrs	QPts	GPA
0.00	0.00	0.00	0.00

Transcript Totals	Earned Hrs	GPA Hrs	Points	GPA
TOTAL INSTITUTION	0.00	0.00	0.00	0.00
TOTAL TRANSFER	0.00	0.00	0.00	0.00
OVERALL	0.00	0.00	0.00	0.00

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*Genita Mangum*  
 Genita Mangum, Registrar