



# CAMPUS CONSORTIUM'S ADMISSIONS & ENROLLMENT CALL CENTER GRANT

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Last Date to Apply

**March 20<sup>th</sup>, 2019**

## ADMISSIONS & ENROLLMENT CALL CENTER GRANT OVERVIEW

The Admissions & Enrollment Call Center Grant provides selected institutions a grant award that covers 100% of the implementation cost, i.e. up to **\$50,000** associated with the helpdesk platform.

### NO. OF GRANTS AVAILABLE?

Five (5) grants available

### WHO CAN APPLY?

K-12 Schools and Accredited Institutions of Higher Education

### KEY GRANT APPLICATION DATES & DEADLINES

- Apply for the Grant by **March 20<sup>th</sup>, 2019**
- Review of Application by Grant Review Committee by **March 27<sup>th</sup>, 2019**
- Grant Award Letter issued to Grant Recipients by **April 3<sup>rd</sup>, 2019**
- Grant Award Walkthrough by **April 9<sup>th</sup>, 2019**
- Execution of Grant Award Agreement by **April 16<sup>th</sup>, 2019**
- Project Kick-Off by **May 1<sup>st</sup>, 2019**

### HOW TO APPLY

1. Register for Grant and download the application form
2. Print and complete the grant application form
3. Submit completed grant application to [grantapplication@campusconsortium.org](mailto:grantapplication@campusconsortium.org)

### QUALIFICATION CRITERIA

1. Applicant demonstrates a commitment to implementing the solution (e.g. letter from president highlighting the problem that the solution solves and why the grant would be helpful in meeting strategic objectives)
2. Preference will be given to applications who have a letter of recommendation from a previous grant recipient.

## General Information

### Applicant Information

Name of Institution:			
President/Chancellor:			
Point of Contact:			
POC Phone:		POC Email:	
CIO/VP of IT:			
CIO Phone:		CIO Email:	
Institution's Address:			

### IN THE CASE OF BEING AWARDED THIS GRANT:

Do we have your permission to email the grant award letter to the President/Chancellor listed above?

If not, please indicate to whom this award should be made out to:

Media/Communications Contact (for News Release):

### ENROLLMENT INFORMATION

Total Enrollment:		Full Time Enrollment:		Part Time Enrollment:	
Total # On-Campus Students:		Total # Off-Campus Students:			
# Faculty:		# Tenured Faculty:		# of Academic Depts.:	
Alumni Population:		% of Alumni who Donate:			

If so, approximated how many students does this program serve?

### PLEASE MARK "X" NEXT TO ALL THAT APPLY

Public:		Private:	
Four-year:		Two-year:	
Undergraduate:		Graduate:	

### TECHNOLOGY RESOURCES

*Please indicate all major software being utilized on campus*

Enterprise Applications	Vendor & Version	Hosted/On-Site	URL – Enterprise Web App (if available)
Student Information System/ Enterprise Resource Planning			
Learning Management System			

<b>Directory System</b>			
<b>Self Service Password Reset Tool</b>			
<b>PLEASE ANSWER THE FOLLOWING QUESTIONS:</b>			
What is the current structure of your Admissions and Enrollment?			
Does your institution currently have any policies and SLAs for Admissions and Enrollment Helpdesk operations?			
Please provide the details of the ticketing or incident tracking system you are using			
Do you have a deadline for getting Admissions and Enrollment Helpdesk services live?			
When would your ideal go-live date for this project be?			
<b>SIGNATURES</b>			
I authorize the verification of the information provided on this form.			
Signature of applicant:		Date:	

All application information is strictly confidential and intended only for use of the Campus Consortium Grant Review Committee to select Grantee institutions