



CAMPUS CONSORTIUM'S FINANCIAL AID CALL CENTER SERVICES GRANT

Last Date to Apply

May 20th, 2019

FINANCIAL AID CALL CENTER SERVICES GRANT OVERVIEW

The Financial Aid Call Center Services Grant provides selected institutions a grant award that covers 100% of the implementation cost, i.e. up to **\$50,000** associated with the financial aid call center services.

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

1. Applications Open on **March 20th, 2019**
2. Apply for the Grant by **May 20th, 2019**
3. Review of Application by Grant Review Committee by **May 27th, 2019**
4. Grant Award Letter issued to Grant Recipients by **June 3rd, 2019**
5. Grant Award Walkthrough by **June 11th, 2019**
6. Execution of Grant Award Agreement by **June 17th, 2019**
7. Project Kick-Off by **July 1st, 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

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) |
|--|------------------|----------------|---|
| Customer relationship management (CRM) | | | |
| Phone System | | | |
| Chat Software | | | |

PLEASE ANSWER THE FOLLOWING QUESTIONS:

What is the current structure of your Financial Aid?

Does your institution currently have any policies and SLAs for Financial Aid Helpdesk operations?

Please provide the details of the ticketing or incident tracking system you are using.

How do you believe the utilization of Financial Aid Helpdesk is going to beneficially impact your institution?

Why do you feel your institution should be selected for this grant?

When would your ideal go-live date for this project be?

SIGNATURES

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