



ALLISS EDUCATIONAL OPPORTUNITY GRANT
Application Form &
Baccalaureate Degree Completion Plan
(REVISED 1/16/2026)

Eligibility Requirements

DATE RECEIVED BY F.A.: _____

Alliss Grant recipients must meet the following criteria:

- 1. Must be enrolled in at least 6 credits at Ridgewater College in any A.A., A.S., A.A.S., A.F.A., or Mn Transfer Curriculum courses designed to transfer to a 4-year baccalaureate program.
2. Must not have already earned a baccalaureate degree.
3. Must have completed a FAFSA for the current school year OR be a MN DREAM ACT student.
4. Must intend to transfer to pursue a 4-year degree at another institution.

APPLICANT INFORMATION

DATE OF APPLICATION: _____

LAST NAME: _____ FIRST NAME: _____ MI: _____

STUDENT STAR ID#: _____ DATE OF BIRTH: ___ / ___ / ___ MALE OR FEMALE

STREET ADDRESS: _____ COUNTY: _____

CITY: _____ STATE: _____ Zip: _____ Cell Phone: _____

PLEASE VERIFY ELIGIBILITY:

YES / NO I have previously earned a bachelor's degree from another institution. (If yes, you are not eligible for Alliss).

YES / NO I am enrolled/enrolling full or part-time in courses that are a part of a degree program at Ridgewater College.

What major are you pursuing? _____

What degree are you seeking in this program: CERT / DIPLOMA / AS / AAS / AA

YES / NO I have completed a FAFSA for the current school year - OR - I have not completed a FAFSA but I am a MN DREAM ACT student and have unmet financial need.

YES / NO I intend to transfer to a 4-year college to seek a baccalaureate degree after Ridgewater.

BACCALAUREATE DEGREE COMPLETION PLAN

APPLICANTS SHOULD COMPLETE THIS SECTION WITH ASSISTANCE OF AN ACADEMIC ADVISOR AT RIDGEWATER COLLEGE

After finishing my degree at Ridgewater College, I plan to continue my education toward a baccalaureate (4-year) degree as follows:

Name of College I will transfer to: _____

Approximate date I will begin studying at this school: _____ Expected Grad Date: _____

Major / Program I will pursue: _____ Intended Degree: B.S. or B.A.

[Continued on next page]

CERTIFICATION

I certify that the above information is true and correct. I authorize the college to review my student records to confirm my eligibility for the Alliss Educational Grant. If selected, I understand that this grant amount shall be between \$350 and \$1,500 per year for tuition, fees, and books. Any award amount will be for one semester only but I may reapply for subsequent semesters. I understand that if selected, my Alliss Grant award will be applied directly to my student account along with any other financial aid that I receive.

I also certify that this is my intended Baccalaureate Degree Completion Plan, and that I met with my advisor to complete this form.

APPLICANT NAME (PRINTED): _____

APPLICANT SIGNATURE: _____ DATE: _____

ADVISOR NAME (PRINTED): _____

ADVISOR SIGNATURE: _____ DATE: _____

SUBMISSION INSTRUCTIONS:

- **STUDENTS:** Please leave this form with your Advisor once it is signed and complete. Advisors should provide students with a copy of the completed form.

- **ADVISORS:** Please return this completed form as soon as possible to:

RIDGEWATER COLLEGE
FINANCIAL AID OFFICE
2101 15th AVE NW
WILLMAR MN 56201
Phone: 320-222-7488
Email: financialaid@ridgewater.edu

FOR FINANCIAL AID OFFICE USE ONLY:

_____ **APPROVED** AMOUNT OF AWARD: \$ _____ SEMESTER: _____

_____ **DENIED** Reason: _____

BY: _____ DATE: _____

NOTE:

The college is asking you to provide information, which includes private and/or confidential information under state and federal law, in order to process your application. You are not legally required to provide this information; however, the college may not be able to effectively process your application if you do not provide sufficient information. With some exceptions, unless you consent to further release of private information, access to this information will be limited to school officials, including faculty who have legitimate educational interests in the information. Under certain circumstances, federal and state laws authorize release of private information without your consent:

- * to other schools in which you seek or intend to enroll, or are enrolled, if you are first notified of the release;
- * to federal, state or local officials for the purposes of program compliance, audit or evaluation;
- * as appropriate in connection with your application for, or receipt of, financial aid;
- * to your parents, if your parents claim you as a dependent student for tax purposes;
- * if the information is sought with a subpoena, court order, or otherwise permitted by other state or federal law; and
- * to an institution engaged in educational research or accrediting agency.

Minnesota State Colleges and Universities abide by the provision of Title IX, federal legislation forbidding discrimination on the basis of sex and by all other federal and state laws regarding Equal Opportunity. This document can be made available in alternate formats, such as large print or cassette tape, upon request.