Troy University
Pathways to Progress Initiative Student Application
(FAFSA Completion Required)

An application must be submitted for each semester that an award is requested.

Applications received at the end of any semester will not be processed and paid.

SECTION I. TO BE COMPLETED BY STUDENT

1. Name: _____ 2. Social Security No.: _____
Last *First* *Middle Initial*

3. Birth Date (mm/dd/yyyy): _____ 4. Cell Phone: _____ 5. Student ID: _____

6. Email Address: _____

7. Mailing Address: _____
Street *City* *State* *Zip* *County*

8. ☐Yes ☐No I have been a resident within Troy University's designated economic region (Barbour, Butler, Coffee, Covington, Crenshaw, Dale, Henry, Houston, Geneva, and Pike Counties) for at least two years.

9. Undergraduate Degree Program: _____

I certify that I meet the student eligibility requirements listed on this form, and the information on this application is true and correct to the best of my knowledge and belief. Any false or willful misrepresentation will disqualify me from participation in the **Pathways to Progress Initiative**.

I understand that if I fail to satisfy eligibility requirements for participation in the initiative, (i.e., termination from the institution, unsatisfactory academic performance, change in program of study, or withdrawal from the institution), I will be liable for being disqualified for participating in the initiative or for repayment of any amount received.

I also understand that once my application has been approved and I do not attend the institution, I could jeopardize any further access to **Pathways to Progress Initiative** funds.

I agree that the authorized institution and the Alabama Commission on Higher Education have my permission to verify information contained on this application.

_____ _____
Signature of Student Date (mm/dd/yyyy)

SECTION II. TO BE COMPLETED BY INSTITUTION

☐Yes ☐No FAFSA Completion on File

Pathways to Progress Awardee Status: ☐New ☐Returning

☐Yes ☐No Has an Associate degree

CIP Code of Undergraduate Degree Program at Troy University: _____

Hours of Enrollment: _____ Enrollment Dates: _____ to _____

☐Yes ☐No Student Degree Audit on File (Note: Student degree audits will be required for institutional audits.)

Select the Award Semester:

Fall 2026 ☐Spring 2027 ☐ Summer 2027 ☐

Pathways to Progress Amount Requested

$ _____

Residency Verification:

☐Yes ☐No Alabama Resident (Note: **Non-Alabama residents** are **NOT eligible** for the Pathways to Progress Initiative.)

☐Yes ☐No Driver's license or Official Government ID has been verified that the student resides within the designated economic region; photocopy retained on file.

☐Yes ☐No FAFSA address has been verified that the student resides within the designated economic region.

_____ _____
Institution School OPEID Number

_____ _____
Signature of Pathway to Progress Primary Contact/Financial Aid Director Date (mm/dd/yyyy)

Pathways to Progress Initiative Program

General Information

The purpose of the **Pathways to Progress Initiative** is to promote economic growth and social stability in designated economic regions by aligning educational attainment with industry needs. The initiative, administered by the Alabama Commission on Higher Education (ACHE), will provide state-aid funds to help adults return to college and complete their degrees, strengthening regional workforce readiness and fostering collaboration among local colleges, universities, and businesses.

For detailed information about eligibility rules and awarding processes for the Pathways to Progress Initiative, contact the institution's Office of Financial Aid.

Use of Social Security Number

Section 7(b) of the Privacy Act of 1974 (5 U.S.C. 522a) requires that when any Federal, State, or local government agency requests an individual to disclose his/her social security account number, that individual must also be advised whether that disclosure is mandatory or voluntary, by what statutory or other authority the number is solicited, and what uses will be made of it.

Accordingly, applicants are advised that disclosure of their social security account number (SSAN) is required as a condition for participation in the Pathways to Progress Initiative, in view of the practical administrative difficulties which the Initiative would encounter in maintaining adequate records without the continued use of the SSAN.

The SSAN will be used to verify the identity of the applicant and as an account number (identifier) throughout the life of the Initiative in order to record necessary data accurately. As an identifier, the SSAN is used in such Initiative activities as: determining eligibility, certifying institution attendance, making and verifying award payments, and maintaining records of award payments.

Authority for requiring the disclosure of an applicant's SSAN is in section 7(a)2 of the Privacy Act, which provides that an agency may require disclosure of an individual's SSAN as a condition for the granting of a right, benefit, or privilege provided by law.

WARNING

Any person who knowingly makes a false statement or a misrepresentation for the purpose of wrongfully obtaining an award hereunder shall be guilty of a misdemeanor and, upon conviction thereof, be punished as by law provided for a misdemeanor.

Reimbursement shall be made promptly to the institution at the end of each academic period for all certified invoices. Should funds appropriated to the Pathways to Progress Initiative be insufficient to provide each eligible student with a full award payment for any academic period, the awards will be prorated equally among the designated participating institutions on a percentage basis of the total invoices/vouchers received and paid accordingly.