MVCC Financial Aid Data Form 2011-2012

Identification

LAST NAME

FIRST NAME

SSN - - M#

BIRTH DATE - -

STREET ADDRESS

CITY ST ZIP

PHONE - - /

EMAIL ADDRESS

PLEASE NOTE

If you receive any other form of assistance, such as a scholarship, VESID Employee Waiver, WIA etc., it must be counted as a resource in your financial aid package, and may result in an adjustment to your student loan.

Special Circumstances

If you have special circumstances that might affect your financial aid award, please request a "Special Conditions Form"

Federal Work Study

☐ I wish to work using the Federal Work – Study Program.

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New York State Awards

Full-Time Students

- If a course is repeated in which a passing grade is acceptable to the degree or certificate program, it may affect your NYS TAP award.
- If it is necessary to take non-credit courses in a semester, it may affect your TAP award in current and future semesters.

Part-Time Students

If you will attempt less than 12 credit hours each semester, and you are a New York State resident, you may apply for New York State Aid for Part-Time Study. You must be enrolled at MVCC for at least 6 credit hours and those credit hours must be taken at MVCC. You must complete the Aid for Part-Time Study Application prior to the first day of class. This form is available on the MVCC website. You must also submit a copy of your (and your parents (if dependent)) 2010 NYS tax returns.

Please read entire form and sign the back

Certification

I CERTIFY

- That I will use any money I receive under the federally assisted loans, grants, or work-study programs only for expenses related to my study at Mohawk Valley Community College.
- That I am not currently in default on any (Stafford/GSL/PLUS/ALAS/SLS/Perkins/NDSL) Loan received while attending MVCC or any other Title IV eligible institution.
- That I do not owe a refund on a Pell Grant or SEOG award.
- That I will furnish MVCC with any records pertinent to the Verification Procedures set forth by the Department of Education.
- That I understand that if I withdraw from any classes my financial aid may be reduced to reflect any changes in my tuition liability at MVCC.
- That it is my responsibility to submit any and all correspondence concerning my financial aid to MVCC's Financial Aid Office.
- I am aware that in order to continue to receive financial aid assistance, I must make satisfactory academic progress toward a degree or certificate program in accordance with the standards set by the U.S. Department of Education, and NYSHESC.

Important Notice

At the end of the seventh week of class, a student will have earned 50% of Federal financial aid. From this eligible amount, the charges owed the College must be deducted (tuition, fees, books, dorm charges). The balance left will be refunded to the student. At this time, any New York State aid (TAP) will be taken into consideration.

At the end of the ninth week, a student will have earned the remaining 50% of aid. Any refund remaining will be available the following week.

Students should come prepared to meet personal expenses the first 10 weeks of the semester. MVCC will continue to defer tuition, fees, books and dorm charges based on finalized financial aid.

Signature

I give permission to MVCC to credit my Financial Aid, including my Pell Grant, to my student account for goods and services such as tuition, fees, room & board, bookstore charges, previous balances, security balances and alumni memberships.

All the information on this form is true and complete to the best of my knowledge. If asked by an authorized official, I agree to give proof of the information that I have given on this form. I realize that this proof may include a copy of my federal, state, or local income tax returns. I also realize that if I don't give proof when asked I may not receive aid.

I understand and agree that I am responsible for any costs not covered by financial aid, and if a balance due is sent to an outside collection agency, I will be responsible for any costs incurred.

_____ _____

Student's Signature **Date**

☐ **To submit on line, check this box! By checking this box you are submitting this document to the MVCC's Financial Aid Office and are legally agreeing to the terms herewithin.**