

Alvin Community College

Application for Financial Assistance Office of Student Aid

INSTRUCTIONS TO THE APPLICANT

All information supplied to this office is treated in a very confidential manner.

READ AND FOLLOW ALL INSTRUCTIONS ON ALL FORMS.

PART I - PERSONAL INFORMATION

- A. Social Security Number _____
- B. Last Name _____ First _____ Middle _____
- C. Permanent Address _____
City _____ State _____ Zip _____
- D. Address while attending Alvin Community College if different from above:
No. & Street _____ City _____ State _____ Zip _____
- E. Home Phone _____ Work Phone _____

PART II - EDUCATION INFORMATION

- A. Anticipated Graduation Date. _____

PART III - AUTHORIZATION

I authorize the Financial Aid Office to charge against my Pell Grant account for tuition, fees, books, supplies and any other expenses related to my educational costs at Alvin Community College.

PART IV - CERTIFICATION

- WARNING:** False statements or misrepresentation may subject the signer to a fine or imprisonment or to both, under provisions of the United State Criminal Code as this form applies to establishing eligibility for federal funds.
- STUDENT:** I hereby certify that:
1. To the best of my knowledge the information contained in this application and supporting papers is CORRECT and COMPLETE.
 2. I understand that all information requested by the application must be completed and any omission or false information may be cause for cancellation of all financial assistance and/or repayment of any fund already received.
 3. I will notify the Financial Aid Director of any changes in the information I submit occur (such as family income, martial status, benefits, Social Security, VA, outside awards, etc.)
 4. I am or will be in need of this assistance in order to continue my college work. Priorities are given to students who are enrolled on at least a half-time base (6 or more credit hours).
 5. I have read and understand the Alvin Community College Satisfactory Progress Policy and have retained a copy of it for my records.
 6. I authorize the Alvin Community College, Financial Aid Office, to release any information concerning my records to any federal, state, institutional or local organization or agency if necessary for the administration of my award(s), processing of my application(s), submitting my records for scholarship or loan consideration, or submitting required reports.
 7. I have read and understand the enclosed statement concerning disclosure of my Social Security Account Number.
 8. I understand that, if required, I must be registered with Selective Service to be legally entitled to Title IV Federal Assistance for which this application is used.

Signature of Student _____ Date _____

Revised: January 14, 2009