



## 2017-2018 Institutional Aid Application & Permission to Credit

Student Name \_\_\_\_\_ ECC ID# \_\_\_\_\_

### STUDENT CERTIFICATION

**Check each box to confirm you understand the statements below:**

- I understand I may not receive financial aid for a course that is not required for my degree completion at ECC.
- I understand I may not receive financial aid from two schools during the same academic term.
- I understand the use of Federal Title IV funds I receive are solely for expenses related to attendance at ECC.
- I understand ECC may cancel any or all financial aid if conflicting information is given and/or if I do not complete required paperwork.
- I am not currently in default of any Title IV Federal aid nor owe any federal grant repayments. If this changes any time during the award year, I will notify the ECC Financial Aid office.
- I understand in order to receive some forms of aid (loans, work study, certain grants/scholarships), there are enrollment restrictions.
- I understand if I withdraw from any or all classes, my financial aid may be reduced and/or I may lose eligibility for some forms of aid.
- I understand that it is my responsibility to drop a class(es) that I do not plan to attend, and to avoid being charged for class(es), I must drop at least one day before the start of the class(es).
- I understand I am required to meet and maintain Satisfactory Academic Progress (SAP) standards.
- I understand if I am convicted for the possession or sale of illegal drugs that occurred while receiving Title IV financial aid (Federal and State), I may be ineligible for current and future financial aid.
- I understand if my residency changes financial aid may not be enough to cover all charges.
- I understand if my charges exceed my financial aid award, I will be responsible for any outstanding charges.
- In order to receive financial aid, I understand that I must be actively pursuing completion of courses in which I am enrolled.
- I understand my financial aid may not pay for repeated classes.
- I understand I may only receive financial aid for 30 hours of remedial coursework.

My signature below signifies that I fully understand the information on this application and I affirm that, to the best of my knowledge, the information submitted is accurate and complete.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

Turn Over 

**STUDENT INFORMATION:**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Social Security \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Phone #: \_\_\_\_\_

(Note: SS# must be on file with the registration office)

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Do you currently have a high school diploma or U.S. GED?

U.S. High School  U.S. GED  Foreign High School  No

If not, will you have your high school diploma or U.S. GED by August 2017?  Yes  No

(If you will not have your high school diploma or U.S. GED by August 2017, please contact the Financial Aid Office.)

Do you have a bachelor's degree or foreign degree equivalent?  Yes  No

Have you (or your parents if dependent) lived in Illinois for 12 consecutive months prior to August 22, 2017?

Yes  No

Have you attended another college during the 2017-2018 school year?  Yes  No

If you marked yes, indicate the semester aid was received:  Summer 2017  Fall 2017

**ENROLLMENT INFORMATION:**

Your financial aid will be estimated based on your intended enrollment. You must be enrolled in at least six credit hours to receive federal student loans.

My estimated enrollment status for the 2017-2018 school year (please check one box for each semester):

<u>Summer 2017</u>		<u>Fall 2017</u>		<u>Spring 2018</u>	
<input type="checkbox"/>	FT (12+ hours)	<input type="checkbox"/>	FT (12+ hours)	<input type="checkbox"/>	FT (12+ hours)
<input type="checkbox"/>	¾ time (9-11 hours)	<input type="checkbox"/>	¾ time (9-11 hours)	<input type="checkbox"/>	¾ time (9-11 hours)
<input type="checkbox"/>	½ time (6-8 hours)	<input type="checkbox"/>	½ time (6-8 hours)	<input type="checkbox"/>	½ time (6-8 hours)
<input type="checkbox"/>	Less than ½ time (<6 hours)	<input type="checkbox"/>	Less than ½ time (<6 hours)	<input type="checkbox"/>	Less than ½ time (<6 hours)
<input type="checkbox"/>	Not attending	<input type="checkbox"/>	Not attending	<input type="checkbox"/>	Not attending

**PERMISSION TO CREDIT**  
**STUDENT ACCOUNT WITH FEDERAL STUDENT AID 2017-2018**

Colleges must obtain written permission from the student to use federal student aid to pay prior year balances of \$200.00 or less and other educationally related charges (such as books). You are not required to grant this permission.

To grant permission, check item 1. If you do not wish to grant permission, check item 2.

1. \_\_\_\_\_ I grant ECC permission to use my federal student aid funds to pay educationally related charges such as books, supplies, a prior year balance of \$200 or less, ECC Child Care charges, etc., to my account.
2. \_\_\_\_\_ I do not grant ECC permission to use my federal student aid funds to pay educationally related charges such as books, supplies, prior year balance of \$200 or less, ECC Child Care charges, etc., to my account.

I understand that I may modify or cancel this agreement at any time by notifying the ECC Financial Aid office in writing. Cancellation of this agreement cannot apply to previous terms.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date