



2019-2020 Institutional Aid Application & Permission to Credit

STUDENT CERTIFICATION

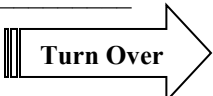
Name _____ ECC ID or SS # _____

Use blue or black ink to complete this form

- I understand I may not receive financial aid for a course that is not required for my financial aid eligible academic program 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 that if I withdraw from any or all classes, my financial aid may be reduced and/or I may lose financial aid eligibility.
- 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 Financial Aid 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.
- I agree to deposit/cash all financial aid refund checks within 90 days of the check date, otherwise the excess will be returned to the U. S. Department of Education.

I am responsible for reading the terms and conditions stated above, as a part of receiving financial aid from Elgin Community College. I affirm to the best of my knowledge that the information submitted herein is complete and correct.

Student's Signature _____ Date _____



STUDENT INFORMATION

First Name _____ Last Name _____ ECC ID# _____

Social Security _____ Date of Birth: _____ Phone #: _____
(Note: SS# must be on file with the Registration & Records office)

Address: _____ City: _____ State: _____

1. Have you attended another college during the 2019-2020 school year? Yes No

If you marked yes, indicate the semester aid was received: Summer 2019 Fall 2019 Spring 2020

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 2019-2020 school year (please check one box for each semester):

<u>Summer 2019 (June-August)</u>		<u>Fall 2019 (August-December)</u>		<u>Spring 2020 (January-May)</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

If no enrollment status is listed, you will be awarded at fulltime enrollment.

PERMISSION TO CREDIT STUDENT ACCOUNT WITH FEDERAL STUDENT AID 2019-2020

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

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

Student Signature

Date