

PIERPONT COMMUNITY & TECHNICAL COLLEGE 2018 SUMMER FINANCIAL AID APPLICATION

SUBMIT TO:
Financial Aid Office 248 Hardway Hall
1201 Locust Avenue
Fairmont, WV 26554
(304) 367- 4907
Fax (304) 367- 4881

Print Name: _____ Student ID F00 _____

Local Phone Number: (____) ____ - ____ Email: _____@students.pierpont.edu

COMPLETE YOUR SUMMER ENROLLMENT PLAN. If you do not fill in the number of hours, your summer aid will be delayed. *****You must notify Financial Aid of change in Enrolled Hours.*****

Planned Enrollment	Term	Start Date	End Date
_____ Hours	Summer I	May 21, 2018	June 21, 2018
_____ Hours	Summer II	June 25, 2018	July 26, 2018
_____ Hours	Full Summer	May 21, 2018	July 26, 2018
_____ Total Hours			

Housing plans for Summer 2018 _____ On Campus _____ Off Campus _____ W/Relatives

Have you been enrolled in any other institution since May 15, 2017? Yes No

Were you enrolled in Pierpont Community & Technical College during the 2017-2018 school year? Yes No

My signature below affirms that I have read and understood the 2018 Pierpont Community & Technical College Summer Financial Aid Information. I understand I must complete the entire application, and that an incomplete application or enrollment plan will delay my summer aid.

ACCOUNTS RECEIVABLE ACKNOWLEDGEMENT

By signing this application, I acknowledge that I am responsible for any unpaid balance on my account. If I do not pay my unpaid balance I understand that my account will be turned over to a collection agency after 60 (sixty) days delinquent. Collection costs of 30 (thirty) percent will be added to my account when sent for collection.

STUDENT SIGNATURE _____

DATE _____

For Financial Aid Office Use Only:

UG _____ UG/AS _____ GR _____ DEP/IND _____ SAP _____ Resident _____ Transfer Y/N _____

SZIOGPA _____ hrs. completed + SFAREGS _____ spring hrs. = grade level _____ GPA _____

SFAREGF _____ Summer 1 _____ Summer 2 _____ Both _____ Budget Duration _____

_____ T/F _____ PER _____ Summer COA _____ 12 month EFC

_____ B/S _____ TRANS _____ 9 month EFC NEED _____

_____ R/B _____ FEES _____ Summer EFC

_____ PELL1 _____ PELL 2 _____ SUB _____ HEAPS _____ UNSUB _____ PLUS _____ Other

Processed by: _____ Date: _____ Adjustments Made By: _____ Date: _____