



2008/2009 Financial Aid Application

Student Information

Please print:

Name: _____ SS#: _____ / _____ / _____
Last First MI.

Permanent Address: _____
(NO P.O. BOXES) Apt.# City State ZIP

Home Phone #: (_____) _____ Cell/Daytime Phone #: (_____) _____
Area Code Area Code

Email Address: _____ @ _____ Date of Birth: ____/____/____
Only provide if used regularly

Please check the campus where you want your financial aid file kept for the 2008/2009 academic year: Bedford Lowell

Admissions Status

To be eligible for any financial aid, you must be accepted into a degree or certificate program.
Have you been admitted or applied for admission into a degree or certificate program?

Yes **No** If NO, please contact the Admissions Office at 1-978-656-3207

Special Conditions

If you have extenuating circumstances that will cause a drastic reduction in your income for 2008 (divorce, separation, unemployment, loss of benefits, etc), you may qualify for an adjustment in reported income. Contact the Financial Aid Office for the re-evaluation process. These special reviews begin July 2008.

Authorization to Credit Charges

Carefully read the following statements before checking one of the boxes listed below:

- ➔ If you check the **YES** box, you are authorizing Middlesex Community College to use student financial aid funds awarded to you to provide you with a book voucher if you qualify and pay related charges on your bill. Such charges may include non-waived health insurance fees, book vouchers, and/or liability insurance.
- ➔ If you check the **NO** box, you must make arrangements to buy your books and pay these related charges on your own. However, the tuition, college fees and student services/activity fee will be deducted from your award funds.
- YES, IF I AM ELIGIBLE, PLEASE USE MY FINANCIAL AID FUNDS TO PAY ALL NON-WAIVED CHARGES ON MY BILL.** This authorization may be rescinded at my request. However, in doing so, I must make immediate payment to Middlesex Community College for these charges.
- NO, DO NOT USE FINANCIAL AID FUNDS TO PAY RELATED CHARGES ON MY BILL.** I understand that I am responsible for paying these charges and buying books on my own.

Student Signature: _____

Date: ____/____/____