



2009/2010 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 2009/2010 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 2009 (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 2009.

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 your student financial aid funds to provide you with a book voucher if you qualify, and pay other charges on your bill such as non-waived health insurance fees, MassPIRG fee, and/or liability insurance. **Qualifying for a book voucher requires that you have more semester financial aid than your semester billed charges.**
- ➔ If you check the **NO** box, you must make arrangements to buy your books and pay these other charges on your own. However, your financial aid funds will be used to assist with paying the tuition, college fees and student services/activity fee.

YES, IF I AM ELIGIBLE, PLEASE USE MY FINANCIAL AID FUNDS TO PROVIDE ME WITH A BOOK VOUCHER AND PAY ALL NON-WAIVED CHARGES ON MY BILL. This authorization may be cancelled at my request.

NO, DO NOT USE FINANCIAL AID FUNDS TO PAY NON-WAIVED CHARGES ON MY BILL. I understand that I am responsible for paying these charges and buying books on my own.

Student Signature: _____

Date: _____ / _____ / _____