

SCHENECTADY COUNTY COMMUNITY COLLEGE

FINANCIAL AID STUDENT INFORMATION

-78 Washington Avenue – Schenectady, NY 12305 – phone (518) 381-1352 – fax (518) 381-1477 –

NAME _____ SOC. SEC. NO. _____ / _____ / _____

PERMANENT ADDRESS _____ SCCC I.D. NO. _____

CITY/STATE/ZIP _____

HOME PHONE _____ CELL PHONE _____ BIRTHDATE _____ / _____ / _____

EMAIL ADDRESS _____

ACADEMIC PROGRAM / MAJOR (for example: Business Admin. or Culinary Arts)
: _____

I AM / WILL BE A HIGH SCHOOL GRADUATE: _____ MONTH _____ YEAR I HAVE RECEIVED A GED: _____ MONTH _____ YEAR

I AM NOT A HIGH SCHOOL GRADUATE:

HAVE YOU PREVIOUSLY ATTENDED SCCC? YES NO
DATES _____

HAVE YOU PREVIOUSLY ATTENDED ANY COLLEGE OR SCHOOL AFTER HIGH SCHOOL? YES NO

IF YES, LIST COLLEGES OR SCHOOLS ATTENDED: _____ DATES ATTENDED: _____

I WILL ATTEND SCCC: SUMMER 20 _____ FALL 20 _____ SPRING 20 _____ I WILL ATTEND: FULL-TIME PART-TIME

IF LESS THAN 12 CR. ANY TERM LIST THE NO. OF CREDITS: SUMMER _____ cr. FALL _____ cr. SPRING _____ cr.

I PLAN TO ATTEND SCHENECTADY COUNTY COMMUNITY COLLEGE UNTIL: _____ MONTH _____ YEAR
(If unsure give your best estimate)

I HAVE/WILL COMPLETE THE FREE APPLICATION FOR FEDERAL STUDENT AID (FAFSA)? _____ MONTH _____ YEAR

IF ELIGIBLE, ARE YOU INTERESTED IN PART-TIME EMPLOYMENT / FEDERAL WORK STUDY? YES NO

WILL YOU BE LIVING WITH YOUR PARENTS OR GUARDIAN DURING THE ACADEMIC YEAR? YES NO

WHILE A STUDENT I PLAN TO LIVE AT: ADDRESS: _____
(LOCAL ADDRESS IF DIFFERENT FROM PERMANENT ADDRESS) _____

I DECLARE THAT THE INFORMATION ON THIS APPLICATION IS CORRECT. I AGREE TO SUPPLY ADDITIONAL DOCUMENTATION FOR VERIFICATION IF REQUESTED. I UNDERSTAND THAT MY AID AWARDS MAY BE ADJUSTED BASED UPON NEW INFORMATION AVAILABLE TO THE OFFICE OF FINANCIAL AID.

Signature of Applicant

Date

SCHENECTADY COUNTY COMMUNITY COLLEGE DOES NOT DISCRIMINATE ON THE BASIS OF AGE, RACE, CREED, COLOR, SEX, SEXUAL ORIENTATION, NATIONAL ORIGIN, DISABILITY, VETERAN STATUS, RELIGION, OR MARITAL STATUS.

**** COMPLETE OTHER SIDE ****

I expect to receive financial assistance from the following sources in addition to what I will receive from the Schenectady County Community College Financial Aid Office:

<u>Type of Assistance</u> (please check)	<u>Amount</u>	<u>Type of Assistance</u> (please check)	<u>Amount</u>
<input type="checkbox"/> National Guard Tuition Benefits	_____	<input type="checkbox"/> V.E.S.I.D.	_____
<input type="checkbox"/> High School Award	_____	<input type="checkbox"/> Other	_____
<input type="checkbox"/> Outside Scholarships	_____		_____

- I am aware that in order to continue to receive assistance from any Financial Aid programs, I must maintain satisfactory academic progress and satisfactory class attendance according to the standards and practices of the College.
- I understand that if the College has any information I am not attending class, it may require documentation of my attendance before any financial aid disbursement.
- If the College allows me to defer payment of tuition, fees, or books until my financial aid is available, I understand that I am liable for the amount deferred regardless of my final eligibility for financial aid.
- I also understand that if I withdraw from the College, or stop attending all of my classes within the first 60% of the semester, I may be fully liable for my tuition, fees and other charges, and that I may have to repay all or part of the Federal financial aid grant and/or loan funds that I have received.
- I understand that SCCC uses a collection agency and/or attorney as a means of debt collection. If it were necessary to submit my account for collection, I agree to be responsible for 30% collection costs and/or attorneys fees of 40%.
- I understand that if I drop or withdraw from any courses it may reduce my current or future Federal and State financial aid eligibility. I also understand that it is my responsibility to inquire about potential loss of eligibility before I withdraw.
- I hereby give Schenectady County Community College permission to use any Federal or New York State financial aid funds that I receive to pay any bookstore charges, parking tickets, and/or accident/health insurance charges that I owe. I understand that this permission will remain in effect for as long as I am a student at SCCC, and that I have a right to withdraw this permission at any time. If you do not wish to give permission check the following box. (If you check NO, you will not be eligible for any financial aid credit at the College Bookstore.) **NO**

BY SIGNING I ACKNOWLEDGE THAT I HAVE READ AND AGREE TO THE ABOVE STATEMENTS.

Signature of Applicant _____ Date _____