Whatcom
COMMUNITY COLLEGE

2014-2015
Financial Aid Data Sheet

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Instructions: Answer ALL questions. Use only blue or black ink.
If the answer is "no," "none," "zero," "not applicable," or "unknown," write that in the space provided.
Return to the financial aid office.
Incomplete forms will be returned to the student and cause delays in reviewing your application.
The Financial Aid Office will communicate to you via the email address you provided on your initial 14-15 FAFSA.

STUDENT INFORMATION

Last Name _____ First Name _____ Social Security Number _____

Date of Birth _____ E-mail (Required *All communication will be through email*) _____

ENROLLMENT

The Financial Aid Office will award the quarters you plan to attend at full-time.

If you do not enroll at full-time status, you must complete the Quarterly Adjustment Form available on-line.

If the Financial Aid Office does not receive the Quarterly Adjustment Form, financial aid funds may be delayed.

Indicate the quarters you plan to attend:

☐ Summer 2014 ☐ Fall 2014 ☐ Winter 2015 ☐ Spring 2015

Have you attended or will you attend any other college between July 1, 2014 and June 30, 2015?

☐ Yes ☐ No

ACADEMIC HISTORY (Previously Attended College/Vocational/University)

School	Degree Received	Attended From	Attended To

SIGNATURE REQUIRED for Terms, Conditions and Authorizations (below and reverse side)

Please retain a copy of this document for your records.

Student Authorizations

I authorize WCC to use the financial aid awarded to me to pay tuition and fees associated with my registration. I also authorize the payment of other discretionary fees and minor (not to exceed $200.00) prior year charges.

I authorize WCC to use refunds and/or post-withdrawal disbursements (Federal title IV funds earned but not received at the time of withdrawal) to pay for current outstanding tuition and discretionary fees.

I authorize WCC to use post-withdrawal disbursements to pay down my outstanding Federal Title IV education loan balance.

I understand that I can cancel all or a portion of my financial aid award at any time prior to disbursement. I may modify or rescind any or all authorization(s) listed above prior to registration each quarter. If I rescind my authorization(s), funds will be disbursed directly to me or my parent and I will be obligated to pay all debts owed to WCC. I understand that outstanding debt obligations will prevent me from future WCC registration and release of official WCC transcripts.

_____ _____

Student Signature (required) **Date**

OFFICE USE ONLY

16 Received:

2014-2015 Financial Aid Terms, Conditions and Authorization(s)

Certification

- By submitting this form to the Whatcom Community College (WCC) Financial Aid Office, I acknowledge that I understand and agree to the Terms and Conditions of Award, Terms of the State Need Grant and Student Authorizations outlined below. I declare that the information submitted is true and complete to the best of my knowledge.
- I certify that I do not owe a repayment on any grant or loan, am not in default on any loan, or have made satisfactory arrangements to repay my grant or defaulted loan. I have not borrowed in excess of the loan limits under Title IV funding at any institution. I have not been convicted for the possession or sale of illegal drugs for an offense that occurred while receiving Federal Student Aid such as grants, loans or work study.

Terms and Conditions of Award

- I understand that the offer of financial aid is subject to the availability of funds and that the Department of Education, Washington Student Achievement Council and Whatcom Community College reserve the right to withdraw, reduce, or modify grant aid, work study and loans due to funding limitations and/or unsatisfactory academic progress.
- I understand that my financial aid will be adjusted to reflect my class enrollment level based on the number of credits for which I am enrolled on the 5th day of each quarter.* If I drop classes within the first 5 days of the quarter*, I understand that I may be required to repay the amount of aid that I was not eligible to receive. If I add aid eligible classes during the first 5 days of the quarter*, the Financial Aid Office will reimburse me based on eligibility. (*For Summer Quarter it is the 4th day).
- I understand that I must enroll in an eligible program of study and maintain Satisfactory Academic Progress as defined in the WCC Financial Aid Office's Satisfactory Academic Progress Policy. I must maintain at least a quarterly and cumulative 2.0 GPA and make timely progress to complete my program of study within the maximum time frame allowed. I understand that credits transferred in from another institution to WCC will be considered when determining maximum eligibility.
- I understand that I will not be eligible to receive financial aid if I am convicted for the possession or sale of illegal drugs while I am receiving Federal Student Aid.
- If I unofficially or officially withdraw from my classes prior to the 60% point in time of the quarter, I may owe part or all of the aid that I received back to the financial aid programs.
- I understand that the financial aid I am receiving is dependent on my enrollment in courses that apply to the degree for which I have been approved. Courses that do not apply to my degree can not be paid for with financial aid.

Terms of the State Need Grant

- I understand that the State Need Grant is awarded to meet educational expenses and that if I withdraw from classes, repayment of all or part of the grant may be required.
- I understand that I cannot receive a State Need Grant if I have already received an Associate of Applied Science/Associate Arts degree in the past five years.
- I am not pursuing a degree in Theology.
- I understand that, when I am able, I can voluntarily contribute to the Washington Student Achievement Council in recognition of the State Need Grant, and that my gift will be used to provide financial assistance to other students.

Please retain a copy of this document for your records.