COLUMBIA GREENE COMMUNITY COLLEGE

4400 ROUTE 23 • HUDSON, NY 12534 • 518-828-4181

WWW.MYCOMMUNITYCOLLEGE.COM

Student Financial Aid Application 2014-2015

Student's Name _____ _____ _____
Last First Social Security Number

Date of Birth _____ Student ID _____

Mailing Address _____
Street City State Zip Code

Telephone No. (_____)_____ Cell No. (_____)_____

Email Address _____

NOTE: To receive Federal financial aid students must have either a High School Diploma, a General Education Diploma, or by completing a high school education in a home school setting approved under State Law.

Expected Enrollment Status by Term (check only once for each applicable term)

Term	**Full Time *OR* Not Sure**	**9-11 Credits**	**6-8 Credits**	**Less than 6 Credits**	**Not Enrolled**
FALL '14	☐	☐	☐	☐	☐
SPRING '15	☐	☐	☐	☐	☐
SUMMER '15	☐	☐	☐	☐	☐

Have you ever attended Columbia-Greene Community College? Yes ☐ No ☐ Dates Attended _____
Have you ever attended any other College or post secondary school? Yes_☐_ No_☐_

If Yes:

Name of College	City & State	Dates	Degree(s)

FOR FINANCIAL AID USE ONLY

DATE	COMMENTS	INITIALS

FOR STUDENT AND/OR FAMILY USE

Please use the inside of this page to document any special or extenuating circumstances (personal or family) which you feel we should know about when considering your application for financial aid.

Please indicate from the list below any aid you anticipate receiving from sources other than TAP, APTS, PELL, SEOG, or Stafford Loans. Please check the source and indicate the amount.

- ☐ Veterans Benefits _____
- ☐ National Guard Tuition Benefits _____
- ☐ High School Award _____
- ☐ Outside Scholarships _____
- ☐ Employer Reimbursement _____
- ☐ ACCESS _____
- ☐ TRA _____
- ☐ WIA _____
- ☐ Other _____

If requested, I will provide any documents that are necessary to verify the taxable and non-taxable income reported on the financial aid applications. This includes signed copies of 2013 Federal Income Tax Return Transcripts, Official statements from Social Security, Public Assistance, Veteran's Administration, Housing subsidy or any other appropriate agency. I authorize CGCC to exchange information concerning my financial aid with other school officials and student aid programs to which I have applied or will apply for aid.

- **Students at CGCC must be <u>matriculated</u> to receive any financial aid.**

- **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, officially or unofficially, I may be fully liable for my tuition, fees and other charges. I understand that CGCC 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 collection costs and /or attorney's fees. I understand that if I drop or withdraw from any courses that it may reduce my current or future financial aid eligibility.**

- **Failure to complete the financial aid process for a tuition deferral <u>OR</u> nonpayment by the tuition due date will result in my registration being canceled.**

- **By signing below I hereby give Columbia-Greene Community College permission to use any Title IV or New York State financial aid funds that I receive to pay bookstore, daycare, or any other College charges that I owe. I understand that this permission will remain in effect for as long as I am a student at CGCC and that I have a right to withdraw this permission at any time.**

  I authorize Columbia-Greene Community College to provide non-directory information from my education records such as address, telephone number, email address, GPA, course grades and class standing to any individual, organization or entity considering me for an award or scholarship. The information may be given in writing or orally. I understand further: (1) that such information may be disclosed only on the condition that the party to whom the information is disclosed will not re-disclose the information to any other party without my written consent unless specifically allowed by law: (2) that I have the right not to consent to this release of my education records; and (3) that this Authorization remains in effect for as long as I am a student at Columbia-Greene Community College unless revoked by me in writing.

IF YOU DO NOT WISH TO GIVE PERMISSION, CHECK BELOW. BY CHECKING *<u>NO</u>* YOU WILL NOT BE ELIGIBLE FOR ANY FINANCIAL AID CREDIT AT THE COLLEGE BOOKSTORE OR DAYCARE CENTER.

☐ NO

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

_____ _____

Student's Signature Date