

**APPLICATION FOR FINANCIAL AID
2011-2012**

Note: Answer each question. If a question does not apply to you, enter NA.

STUDENT INFORMATION

Name _____
Last First MI Social Security Number

Maiden Name, if applicable _____

Permanent Address: _____
Street

City State Zip Code

Home Phone: () _____ Work Phone: () _____

During the 2011-12 academic year, will you live with your parents? Yes No

EDUCATIONAL INFORMATION

Previous colleges/universities/other institutions attended: Yes No
If yes, please list below:

| <u>College Name</u> | <u>City</u> | <u>State</u> | <u>Dates Attended</u> |
|---------------------|-------------|--------------|-----------------------|
| _____ | _____ | _____ | _____ to _____ |
| _____ | _____ | _____ | _____ to _____ |
| _____ | _____ | _____ | _____ to _____ |

Do you currently have either a high school diploma or GED? Yes No
If no, will you have either a high school diploma or GED prior to Fall, 2011? Yes No
Is your high school diploma through home school? Yes No

DEGREE OBJECTIVE (check one)

I have enrolled in an eligible program at Prairie State College for the purpose of (**check one and list program**):
 Obtaining a degree _____
 Obtaining a certificate _____
 Obtaining full credit toward a bachelor's degree (Transfer Program)

EXPECTED GRADUATION DATE: _____

Have you previously received Financial Aid at Prairie State College? Yes No

If yes, indicate last term receiving aid _____

I authorize Prairie State College to apply Federal Pell, Federal SEOG, Federally funded loans to my tuition, books, child care, and any fees incurred while in attendance at Prairie State College.

G Yes G No

If no, I understand that any balance due Prairie State College must be paid in full before any financial aid disbursements will be released to me.

Please complete back of form

CHILD CARE INFORMATION

PLEASE LIST BELOW THE NAMES OF ELIGIBLE DEPENDENT CHILDREN REQUIRING CHILD CARE WHILE IN SCHOOL. ELIGIBLE CHILDREN MUST BE:

- 1. Less than 12 years old
- 2. Dependent on the student (a child who is included in the student's household size on the Pell Student Aid Report)

NAMES OF ELIGIBLE DEPENDENT CHILDREN AND AGES:

Total amount paid for child care while in school per week \$ _____.

Once your Financial Aid file is **complete** and you are **registered** for classes:

- ! Your eligibility for the Federal Pell Grant, ISAC Monetary Award Program (MAP) Grant, and the Federal Supplemental Education Opportunity Grant (SEOG) will be determined. No additional application is required. Priority deadline July 1.
- ! If you wish to be considered for Federal Work-Study, obtain an application from the Financial Aid Office.
- ! To apply for a student loan, contact the Financial Aid Office at (708) 709-3520 to schedule an appointment.

Statement of Educational Purpose

I declare that I will use any funds I receive under the Federal Pell Grant, Federal Supplemental Education Opportunity Grant, Federal College Work-Study, or Federal Stafford Student Loan programs solely for expenses connected with attendance at Prairie State College. **I have read and understand the Academic Standards of Progress for recipients of Financial Aid.**

I understand that I am responsible for repaying any funds I receive which cannot reasonably be attributed to meet my educational expenses at Prairie State College. I further understand that the amount of any repayment is based on regulations published by the Secretary of Education. I affirm that, to the best of my knowledge, **I do not owe a repayment** on any student financial aid and I am not in **default** on any student loan.

I understand that all charges made at the *Prairie State College* Bookstore will be deducted from my Federal Pell Grant for the semester. *I give permission for Prairie State College to provide the anticipated or actual amount of my Pell Grant or other financial aid entitlement to Barnes & Noble College Booksellers, Inc. as operator of the Bookstore, for the purpose of facilitating such deductions of Bookstore charges.* I also understand that if for some reason it is determined that I am ineligible for all or part of the grant, I will be held responsible for paying the charges.

I understand that **I must attend all classes** and that the amount of the award depends on the number of hours of enrollment and of attendance.

I understand that if I **withdraw from all my classes** I will lose some or all of my financial aid. Based on the Federal Return of Title IV Funds Policy unearned financial aid is returned to the federal government.

I declare under penalty of perjury that the foregoing is true and correct.

Signature: _____ Date: _____

Please return the completed form to: **Financial Aid and Veterans Office, Prairie State College, 202 South Halsted Street, Chicago Heights, IL 60411. Telephone (708) 709-3735.**