

PIERPONT COMMUNITY & TECHNICAL COLLEGE 2017 SUMMER FINANCIAL AID APPLICATION

SUBMIT TO:
Financial Aid Office 248 Hardway Hall
1201 Locust Avenue
Fairmont, WV 26554
(304) 333-3642
Fax (304) 367-4789

Print Name: _____ Student ID F00 _____

Local Phone Number: (____)____-____ Email: _____@students.pierpont.edu

COMPLETE YOUR SUMMER ENROLLMENT PLAN. If you do not fill in the number of hours, your summer aid will be delayed. *****You must notify Financial Aid of change in Enrolled Hours.*****

Planned Enrollment	Term	Start Date	End Date
_____ Hours	Summer I	May 26, 2017	June 25, 2017
_____ Hours	Summer II	June 29, 2017	July 30, 2017
_____ Hours	Full Summer	May 26, 2017	July 30, 2017
_____ Total Hours			

Housing plans for Summer 2017 _____ On Campus _____ Off Campus _____ W/Relatives

Have you been enrolled in any other institution since May 15, 2016? Yes No

Were you enrolled in Fairmont State University during the 2016-2017 school year? Yes No

My signature below affirms that I have read and understood the 2017 Pierpont Community & Technical College Summer Financial Aid Information. I understand I must complete the entire application, and that an incomplete application or enrollment plan will delay my summer aid.

ACCOUNTS RECEIVABLE ACKNOWLEDGEMENT

By signing this application, I acknowledge that I am responsible for any unpaid balance on my account. If I do not pay my unpaid balance I understand that my account will be turned over to a collection agency after 60 (sixty) days delinquent. Collection costs of 30 (thirty) percent will be added to my account when sent for collection.

STUDENT SIGNATURE _____

DATE _____

For Financial Aid Office Use Only:

UG _____ UG/AS _____ GR _____ DEP/IND _____ SAP _____ Resident _____ Transfer Y/N _____

SZIOGPA _____ hrs. completed + SFAREGS _____ spring hrs. = grade level _____ GPA _____

SFAREGF _____ Summer 1 _____ Summer 2 _____ Both _____

_____ T/F _____ PER _____ 12 month EFC _____

_____ B/S _____ TRANS _____ 9 month EFC _____ NEED _____

_____ R/B _____ Summer COA _____ Summer EFC _____

_____ PELL1 _____ PELL 2 _____ SUB _____ HEAPS _____ UNSUB _____ PLUS _____ Other _____

Processed by: _____ Date: _____ Adjustments Made By: _____ Date: _____