

Date Received

PIERPONT COMMUNITY & TECHNICAL COLLEGE
2019 SUMMER FINANCIAL AID APPLICATION

Date Scanned

Deadline to apply: June 21, 2019

SUBMIT TO:

Financial Aid Office 248 Hardway Hall
1201 Locust Avenue
Fairmont, WV 26554
(304) 367-4907
Fax (304) 367-4881

Print Name: _____ Student ID: _____

Phone Number: (____)____-____ Email: _____@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 20, 2019	June 20, 2019
_____ Hours	Summer II	June 24, 2019	July 25, 2019
_____ Hours	Full Summer	May 20,2019	July 25,2019
_____ Total Hours			

Housing plans for Summer 2019 _____ On Campus _____ Off Campus _____ W/Relatives

Have you been enrolled in any other institution since May 15, 2018? Yes No

Were you enrolled in Pierpont Community & Technical College during the 2018-2019 school year? Yes No

My signature below affirms that I have read and understood the 2019 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.

STUDENT SIGNATURE

DATE

For Financial Aid Office Use Only:

CAS _____ AS _____ DEP/IND _____ SAP _____ Resident _____ Transfer Y/N _____

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

SFAREGF _____ Summer 1 _____ Summer 2 _____ Both _____ Budget Duration _____

_____ T/F _____ PER _____ Summer COA _____ 12 month EFC

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

_____ R/B _____ FEES _____ Summer EFC

_____ PELL1 _____ SEOG _____ HEAPS _____ SUB _____ UNSUB _____ INST SCHOL _____ Other

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