

**PIEDMONT COMMUNITY COLLEGE
FINANCIAL AID AUTHORIZATION FORM
2018-2019**

Printed Name

Student Identification # or SS#

Did you graduate from high school? _____ Graduation Date _____

Did you complete the GED/AHS? _____ Completion Date _____

Have you or will you attend **other** post-secondary school(s) during the academic year 2018-2019?

Yes _____ No _____ List other schools: _____

If yes, would you like for your Financial Aid to be awarded at Piedmont Community College? _____

***Note Financial Aid cannot be received at more than one school at the same time.**

I hereby authorize **PIEDMONT COMMUNITY COLLEGE** to credit my financial aid award to my student account to pay for institutional charges, such as tuition and fees, miscellaneous charges, textbook and supply charges, as well as prior year charges up to \$200.00. If no funding is available or loss of eligibility is determined by PCC, I will be responsible for the charges incurred. I understand I have the option to revoke this authorization by submitting in writing to the Financial Aid Office such revocation prior to receiving any funds or institutional charges. I certify that I have read, understand and agree to the information printed.

I understand that I cannot receive federal financial assistance from two or more schools for the same time period. Failure to heed this information may cause me to repay a portion of aid received and/or lose my eligibility for future aid at PCC. I certify that I have read all policies and procedures related to the award and disbursement of federal and state aid. *I understand that I must drop classes prior to the first day of class if I choose not to attend or I will be responsible for any charges incurred on my account.*

I also certify that I have read, understand and agree to the information attached to this page.

SIGNATURE

DATE

**FAILURE TO RETURN THIS FORM WILL DELAY
YOUR AWARD**

Please return this completed form to:

PCC Financial Aid Office

P.O. Box 1197

Roxboro, NC 27573

or

FAX to (336) 598-9283

FAUTHFORM 2/2018

Piedmont Community College

Financial Aid Office

TERMS of AGREEMENT

I understand that in some instances award amounts are estimated and subject to change based on available funding and/or regulatory changes.

I understand that false or incomplete information submitted by me or on my behalf may result in the cancellation of my award and may require repayment of part or all of the funds disbursed to me.

I agree to repay any funds disbursed to me in error, for any period of time I was not eligible or enrolled.

I understand that if I do not attend classes my award will be cancelled and I will be responsible for any tuition, fee, and/or bookstore charges incurred. I understand that I must officially withdraw prior to the first day of the semester to prevent charges for tuition and fees.

I understand that if I receive financial assistance from PCC, I am required to notify the Financial Aid Office if I receive any other scholarships, loans, employer reimbursement or other assistance from sources outside the College prior to acceptance of outside aid.

I understand that I must update any changes in name, address, and telephone number with the PCC Admissions Office or items relating to financial aid eligibility with the PCC Financial Aid Office immediately.

I understand that I must notify the Financial Aid Office if I withdraw from classes at PCC. I understand that complete withdrawal on or before the 60% point in the semester may result in having to repay a portion or all of my federal financial aid. Complete withdrawal from classes may also result in repayment of unearned state grants. I also understand that excessive withdrawals may adversely affect my satisfactory academic progress in accordance with PCC's Financial Aid Satisfactory Academic Progress Policy.

I understand that it is important to keep copies of all financial aid award letters, registration and bookstore receipts as all or part of my award may be considered taxable income. I also understand that it is my responsibility to report this information to the IRS if necessary. (The Financial Aid Office is not responsible for determining the taxability of aid. Please consult with the IRS or a tax consultant.)

I understand that if I purposely give false or misleading information, I may be fined up to \$20,000, sent to prison, or both.

Satisfactory Academic Progress Policy for Financial Aid Students

(Note: This is a condensed version. Please visit the Financial Aid Office to view the complete policy.)

I understand that my financial aid award is contingent upon maintaining "satisfactory progress" toward my program(s) of study.

I have read the PCC Satisfactory Academic Progress (SAP) Policy for Financial Aid Recipients and understand that I must maintain a minimum 2.0 GPA and complete at least 67% of my cumulative attempted credit hours. If I fail to meet the SAP requirements, I will be placed on Financial Aid Warning for one semester. If SAP is not met by the end of the semester, I will be suspended from financial aid eligibility. I understand that I must complete my program of study in a time frame not to exceed 150% of the published length of the program. All attempted hours count toward SAP calculations-whether I received aid or not.

I understand that I have the right to appeal my suspension from financial aid if mitigating circumstances prevented me from making satisfactory academic progress (documentation required).

****I understand that failure to comply with the above terms may result in the loss of financial assistance. ****

PLEASE KEEP THIS FORM FOR YOUR RECORDS