

2018-2019 INSTITUTIONAL DATA SHEET/FINANCIAL AID CONTRACT

Name _____ SSN/ID _____

Former Name _____ Date of Birth _____

Housing Plan with parents off campus Email _____

I PLAN TO ATTEND [check all that apply] FCC LTC OCC WVC

ADDRESS

Street _____

City _____ State _____ Zip _____ Phone _____

ADDRESS [If different while attending school]

Street _____

City _____ State _____ Zip _____ Phone _____

STUDENTS WITH DEPENDENTS

Is out-of-pocket childcare expense necessary, for children under 12, for you to be able to attend college?

YES NO

FINANCIAL AID INFORMATION

STUDENTS RECEIVING OUTSIDE ASSISTANCE

List below all non-college agencies which will or may provide assistance to you while you are in college (CEFS, Dislocated Worker, DORS, Veteran's Administration, Public Aid, etc.):

Agency _____

STUDENTS RECEIVING SCHOLARSHIPS

List below all scholarships you will or have received for the 2018-2019 academic year:

Scholarship Name _____ Amount _____

STUDENTS RECEIVING VETERANS BENEFITS

Will your tuition be paid by the Illinois Veteran's Grant Program, Illinois National Guard Grant Program, Post 9/11 GI Bill, or MIA/POW?

YES NO If yes, please specify the program[s] _____

Do you want to be considered for the College Work-Study Program [student employment on campus at minimum wage]?

YES NO area of interest _____

CERTIFICATION BY APPLICANT

I certify that, to the best of my knowledge, I have provided complete and accurate information concerning all other financial assistance I have received or will receive. I agree to report promptly the receipt of other awards or changes in my financial status. I understand that if I fail to provide accurate information, all or part of my financial aid may be withdrawn, and I may be required to repay all or part of the money I have received. I certify that I will use any money I receive under the federally funded assisted grants, loans, or work-study programs only for expenses related to my study and education at IECC. I understand that I will be paid financial aid **only** for courses required for my current major.

The four colleges of Illinois Eastern Community Colleges will allow eligible students to charge institutional charges as needed for the semester (if their financial aid files have been completed). **My signature below indicates my approval for these charges to be subtracted automatically from my financial aid prior to release, unless otherwise rescinded by me, and also that I agree to accept all grants, scholarships, and work study that I am eligible for unless I otherwise notify the Office of Financial Aid.**

My signature below also authorizes Illinois Eastern Community Colleges to apply my Direct Loan proceeds to my student account for payment of tuition, fees, and other current charges for educationally related expenses.

I have read and I accept the Financial Aid Contract and I will comply with the rights and responsibilities listed on the reverse side of this form.

Signature _____ Date _____

IECC FINANCIAL AID CONTRACT

(Please Read Carefully)

- ◆ If awarded Federal Work-Study, you must notify the Financial Aid Office for placement.

◆ FINANCIAL AID SATISFACTORY ACADEMIC PROGRESS REQUIREMENTS

A student is considered to be making Financial Aid Satisfactory Academic Progress if **all** of the following conditions are met:

Cumulative GPA is at least 2.0.

Successful Cumulative Completion Rate (hours earned divided by hours attempted) is 67%.

Hours attempted are less than 150% of current degree requirements (please note, if a student exceeds the 150% requirement, they will be automatically suspended).

A student, who fails to maintain the required Cumulative GPA, Successful Cumulative Completion Rate, or both, will be terminated from financial aid. Students who are in terminated status will have the right to appeal.

Students with less than a 2.0 cumulative grade point average after four (4) semesters will be suspended from financial aid, regardless of enrollment status or academic classification. The student will have the right to appeal.

- ◆ The student is required to notify the financial aid officer of any changes that might affect their award (i.e. **change of program**, class drops, change in number of family members in college, other monetary assistance, including, but not limited to: VA Benefits, CEFS, ERBA, ORS, Title XX, Displaced Homemakers, Dislocated Workers, Private Scholarships, etc.).
- ◆ Illinois Eastern Community Colleges participate in the Federal Direct Loan Program. No Federal Direct Loans will be disbursed earlier than thirty (30) days after the beginning of each semester.

FINANCIAL ASSISTANCE RIGHTS AND RESPONSIBILITIES

- ◆ I understand that my financial aid award letter does not affect my college admission status and eligibility for admission is determined by the Admissions Office.
- ◆ I am aware that refusal to accept any part of my proposed aid package for each semester may result in a new proposal that awards less aid or changes the types of aid offered.
- ◆ I understand the assistance, which has been offered, is dependent upon receipt of funds from various sources and that it may be changed based upon availability of funds, my academic performance, and completion of the academic term.
- ◆ I authorize the college, if I am awarded a scholarship, to release information to the donor concerning my name, high school, program, grade point average, and the name of the college to which I might transfer.
- ◆ IECC is committed to meeting the educational needs of our students on an individual basis. If you feel your award package does not fully meet your needs, please contact the Financial Aid Office so that we may better serve you.
- ◆ I have thoroughly read and understood the information contained in the financial aid contract and any accompanying forms. The Student Financial Aid Handbook is available in the Financial Aid Office or by logging on to Entrata at www.iecc.edu.