

Salem Community College

Application for Financial Aid

| | | |
|------------------------------|------------------|----------------------------------------|
| Last Name _____ | First Name _____ | Middle Initial _____ |
| Address _____ | | |
| City _____ | County _____ | State _____ Zip _____ |
| Telephone (Day) _____ | | Telephone (Evening) _____ |
| Social Security Number _____ | | Date of Birth ____/____/____ Age _____ |
| E-mail _____ | | |

Are you a N.J. resident? Yes No If yes, for how long? _____

Do you hold a high school diploma? Yes No Year of Graduation _____

If not, do you have a GED? Yes No Year Completed _____

Do you hold a college degree? Yes No

If yes, check type: Associate Bachelor's

Please list all the colleges you have previously attended, including Salem Community College:

| Name of College | Dates Attended | Did you receive financial aid? |
|-----------------|----------------|----------------------------------------------------------|
| _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |

What is your current academic major/degree program? _____
 (Students who are not enrolled in a degree or certificate program cannot receive financial aid.)

Please return this completed form to:
Office of Financial Aid
Salem Community College
460 Hollywood Avenue
Carneys Point, NJ 08069
Financialaid@salemcc.edu

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Salem Community College

Financial Aid Policies

I understand that:

The receiving of financial aid remains conditional until:

- all paperwork requested is submitted to the Financial Aid Office, and
- the reported information is verified to be correct as required by federal regulations.

Financial Aid is subject to adjustment or cancellation for the following reasons:

- change in family circumstances,
- complete withdrawal or non-attendance,
- incorrect information reported,
- changes in course curriculum and/or number of credits enrolled,
- failure to respond to requests for additional information, and
- defaulted student loans.

Furthermore, if my aid has been adjusted or cancelled, I am responsible for my total bill, or any part of it.

I must be enrolled in degree or certificate program for the number of required credits.

If I must stop attending classes, for any reason, it is my responsibility to notify the Financial Aid Office **and** complete the College's withdrawal form. Furthermore, if I do not uphold this requirement, I will have to pay any unpaid charges if my financial aid must be adjusted.

I certify that:

The information contained on my Financial Aid Application is true and correct to the best of my knowledge. I am registered with Selective Service if I am a male age 18 to 25.

I authorize:

The Financial Aid Office to discuss my allocation and awards with other agencies from which I may be receiving assistance.

Salem Community College to use my grant funds to issue credit for the purchase of books and supplies in the College Bookstore.

I have read the policies of the Financial Aid Office and am aware that my eligibility for aid is dependent on my adherence to these policies. I further understand if intentional false statements or misrepresentation of information are made, I am subject to a fine, imprisonment or both under provisions of the U.S. Criminal Code.

Student Signature _____ Date _____