

2011-2012 Institutional Application for Aid

NAME \_\_\_\_\_ SS# \_\_\_\_\_

|               |  |
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| <b>EMAIL:</b> |  |
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**\*IMPORTANT MESSAGE\***

**This email address will be used to send important messages regarding your Financial Aid if you do not have an Atlantic Cape email address. It is important to contact our office if you change or update your e-mail address.**

- |                                 |                                |  |
|---------------------------------|--------------------------------|--|
| YES<br><input type="checkbox"/> | NO<br><input type="checkbox"/> | Do you have a high school diploma or GED? (If "NO", please go to the next question)  |
| <input type="checkbox"/>        | <input type="checkbox"/>       | If you are in high school, will you receive your diploma by July 1, 2011? (If "NO", please contact Financial Aid for additional information)   |
| <input type="checkbox"/>        | <input type="checkbox"/>       | Will you have an associate's degree by July 1, 2011?   |
| <input type="checkbox"/>        | <input type="checkbox"/>       | Will you have a bachelor's degree by July 1, 2011?   |
| <input type="checkbox"/>        | <input type="checkbox"/>       | Are you a New Jersey Stars Student? <i>Students must be in the top 15% of their (2005 graduate or greater) high school class to be considered. You will be required to submit a high school transcript to the Admissions Office if you indicate "Yes".</i> |
| <input type="checkbox"/>        | <input type="checkbox"/>       | Are you interested in receiving financial aid through our college work-study program?  |
| <input type="checkbox"/>        | <input type="checkbox"/>       | Will you be living with your parent or guardian while attending ACCC?  |
| <input type="checkbox"/>        | <input type="checkbox"/>       | Will you be paying childcare for your dependents,(under age 12) in order to attend ACCC? If yes, please indicate the weekly amount you will be paying. \$_____.  |
| <input type="checkbox"/>        | <input type="checkbox"/>       | Will you be paying additional expenses due to a disability? If yes, please indicate the monthly amount you will be paying. \$_____.  |
| <input type="checkbox"/>        | <input type="checkbox"/>       | Have you attended any post secondary schools since July 1, 2011? If yes, please list all schools you have attended since July 1, 2011 in the space provided below.   |

| Name of College, University or Vocational School | City/State of school |
|--|----------------------|
|  |                      |
|  |                      |

➤ *Attending another institution during the same academic year may affect your eligibility. If you do not disclose this information you may lose eligibility at a later date.*

Please indicate your program of study. **(Check Only One)**

- Credit Courses  
  Nursing Clinical  
  Culinary Arts  
  Non-Credit

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

➤ *By signing this application, you agree to allow Atlantic Cape Community College the right to mail any or all correspondence to the **email address** you listed above or your Atlantic Cape assigned email. It is the student's responsibility to check all Atlantic Cape assigned emails for important information.*