**Division II Degree-Completion Award Program**

**Financial Aid Information Form**

**To be completed by the financial aid office. Because financial aid information can affect eligibility for this award, this information must be presented accurately and completely. All applications and forms MUST BE SUBMITTED INTO THE NCAA PROGRAM HUB**.

Name of Applicant\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The student will pay  **resident**  **nonresident** or  **universal** tuition for the academic year, including summer terms.

Please list costs per semester/quarter at the appropriate residency status. (This application will not be considered without cost information; use most recent figures available and the amount will be adjusted before checks are issued.)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Year** | **Semester** | **Quarter** | **Summer/Other** |
| **Tuition** | $ | $ | $ | $ |
| **Cost of attendance** | $ | $ | $ | $ |

Cost of tuition per credit hour for regular term: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cost of tuition per credit hour for summer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Clarifying comments or special information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Indicate date when the semester/quarter shall begin:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has the applicant ever been determined to be eligible for need-based financial aid? Yes No

If yes, please indicate type, amount and dates

|  |  |  |
| --- | --- | --- |
| **Type of need-based financial aid received by the student** | **Amount** | **Date** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

If award is granted, payment should be mailed to:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Campus address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your signature below indicates that your office will:

1. Handle the disbursement of funds under institutional policy and procedure for refund and repayment as outlined in federal regulations;

2. Reduce the NCAA award if the NCAA award and institutional aid exceed the institutional budget used for awarding Title IV aid for the general student population;

3. Notify the NCAA if the student fails to complete the required hours during the first term of the award; and

4. Refund the appropriate amount to the NCAA should the student realize a reduction in cost due to a change in residency or enrollment status.

Financial Aid Officer Signature Title Date

Name (Area code) Phone number E-mail address