

**FINANCIAL AID OFFICE, CENTRAL PIEDMONT COMMUNITY COLLEGE**  
**P.O. BOX 35009, CHARLOTTE, NC 28235-5009**  
**Telephone: (704) 330-6942 Fax: (704) 330-5053**

Please complete and return this form if you:

1. Change enrollment status by withdrawing from a course(s);
2. Completely withdraw from all your course(s);
3. Add/Drop course(s);
4. Receive aid from any other source (scholarships, tuition assistance, WIA, Vocational Rehabilitation, etc.).

If for some reason, your enrollment status changes (due to a withdrawal, change in residency status or a change in course hours), your aid may change. By returning this form at the time a situation occurs, you may avoid having to repay any federal funds you were awarded. Also, please notify us if any additional gift aid assistance is received for any educational expenses. If an over award occurs, the student is responsible for repaying the amount of the over award to the federal accounts.

**Part One: General Information (please print)**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Student ID: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Maiden Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Male  Female

Permanent Address: \_\_\_\_\_  
 (No P.O. Boxes) Apt # City State Zip

Home Phone #: (\_\_\_\_) \_\_\_\_\_ School District where you live: \_\_\_\_\_

**HOUSING STATUS (check one)**

- COMMUTER** - living with your parent(s).  
 **OFF CAMPUS** - living away from you parent(s) in your own apartment or home

**Part Three: 2009-2010 Enrollment Information (please print)**

Check the campus you will attend during the 2009-2010 academic year.

Central  Levine  North  Cato  Harper  Harris

Number of credits you plan to take at CPCC: Fall 2009 \_\_\_\_\_ Spring 2010 \_\_\_\_\_

Number of credit you plan to take at another institution: Fall 2009 \_\_\_\_\_ Spring 2010 \_\_\_\_\_

Expected Graduation Date from CPCC: \_\_\_\_/\_\_\_\_/\_\_\_\_ Expected Transfer Date from CPCC: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Month Year Month Year

Prior Institution(s) Attended	Dates Attended	Type of Degree Earned


**Part Four: Outside Aid (please print)**

Please provide information for all of the sources of funding you will be receiving during the 2009-2010 academic year.

1. Check either "YES" or "NO" for each source
2. If you check "YES" for any source, list the total amount you will receive for the 2009-2010 academic year in the box provided. If the amount is unknown at the time you are completing this form, write in "unknown".
3. If you check "YES" for **Scholarship** and/or **Organization**, list the name of the scholarship/organizer.
4. If you check "YES" for **Veterans' Benefits**, list the chapter.

SOURCE	YES	NO	AMOUNT
<b>Scholarship</b>	<input type="checkbox"/>	<input type="checkbox"/>	
Name:			\$
Name:			\$
Name:			\$
<b>Organization (i.e. OVR, BVS, etc)</b>	<input type="checkbox"/>	<input type="checkbox"/>	
Name:			\$
Name:			\$
<b>Veterans Benefits</b>	<input type="checkbox"/>	<input type="checkbox"/>	
Chapter:			\$ per month
<b>CPCC – Do you have a parent (or spouse) currently employed at CPCC?</b>	<input type="checkbox"/>	<input type="checkbox"/>	
Staff/Faculty Scholarship	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Employer Tuition Reimbursement</b>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Other:</b>	<input type="checkbox"/>	<input type="checkbox"/>	\$

**Part Five: Certification**

By signing this form, I understand that I am reporting any changes that may reduce the amount of my financial aid award. I also understand that a change in enrollment due to withdraws and/or completely withdrawing from the College may affect my future eligibility.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_