Student Financial **Aid**

A Department of Central Piedmont Community College

OUTSIDE AID NOTIFICATION FORM

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: 2013-2014 Enrollment Information (*please print)*

Check the campus you will attend during the 2013-2014 academic year.

☐ Central ☐ Levine ☐ Merancas ☐ Cato ☐ Harper ☐ Harris

Number of credits you plan to take at CPCC: Fall 2013 _____ Spring 2014 _____

Number of credit you plan to take at another institution: Fall 2013 _____ Spring 2014 _____

Expected Graduation Date from CPCC: _____/_____ (Month Year) Expected Transfer Date from CPCC: _____/_____ (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 2013-2014 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 2013-2014 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
Scholarship	☐	☐	
Name:			$
Name:			$
Name:			$
Organization (i.e. OVR, BVS, etc)	☐	☐	
Name:			$
Name:			$
Veterans Benefits	☐	☐	
Chapter:			$ per month
CPCC – Do you have a parent (or spouse) currently employed at CPCC?	☐	☐	
Staff/Faculty Scholarship	☐	☐	
Employer Tuition Reimbursement	☐	☐	
Other:	☐	☐	$
Veterans Benefits	☐	☐	

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: _____

PRINT

Warning: According to the U.S. Department of Education, if you purposely give false or misleading information on form, you may be subject to a fine of up to $20,000 or imprisonment for up to 5 years, or both.

Financial Aid/Veteran's Affairs – Central Piedmont Community College – PO Box 35009 – Charlotte, NC 28235-5009
Telephone: (704) 330-6942 Fax: (704) 330-5053

You may submit, fax or mail your documents to any of our six locations.