



**Outside Aid Received**

Please provide information for all of the sources of funding you will be receiving during this 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 this 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/organization.
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"/>	\$
<b>Veterans Benefits</b>	<input type="checkbox"/>	<input type="checkbox"/>	\$

**Certification and Signature**

Please provide your signature. If you are a dependent student, please also provide one parent’s signature whose information is listed on your FAFSA. By providing signature(s), you are certifying that all of the information on this form is complete and correct. You are also authorizing Central Piedmont Community College to make corrections to your original and/or subsequent applications based on the documents you are now submitting.

<b>Student Signature:</b>	<b>Date:</b>
<b>Parent Signature (Dependent Students Only):</b>	<b>Date:</b>