CENTRAL PIEDMONT
COMMUNITY COLLEGE

Outside Aid Notification (2025-26)

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

Student Information (Please Print)

Last Name: _____ First Name: _____

Middle Initial: _____ Student ID Number: _____

Student Email Address: _____

Street Address
(Include Apartment Number): _____

City: _____ State: _____ Zip Code: _____

Phone Number (Include Area Code): _____

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Instructions

Please complete and return this form if you receive aid from any other source (scholarships, tuition assistance, Workforce Investment Act, 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 or sponsorship is received for any educational expenses. If an overpayment occurs, you are responsible for repaying the amount of the overpayment to the federal accounts.

Enrollment Information

Housing Status (Select One):

☐ Commuter – Living with your parent(s)

☐ Off Campus – Living away from your parent(s) in your own apartment or home

Select the Campus You Will Attend this semester:

Central	Levine	Merancas	Cato	Harper	Harris	Online	Unknown
☐	☐	☐	☐	☐	☐	☐	☐

Number of credits you are taking/plan to take at Central Piedmont: _____ Fall _____ Spring _____ Summer

Number of credits you are taking/plan to take at another institution: _____ Fall _____ Spring _____ Summer

Expected graduation date from Central Piedmont: [ ]

Expected transfer date from Central Piedmont: [ ]

Outside Aid Received

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

1. Select either "Yes" or "No" for each source.
2. If you select "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 select "Yes" for Scholarship and/or Organization, list the name of the scholarship/organization.
4. If you select "Yes" for Veterans' Benefits, list the chapter.

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Scholarship

Scholarship Name	Yes	No	Amount
	☐	☐	$
	☐	☐	$
	☐	☐	$

Organization (i.e., OVR, BVS)

Organization Name	Yes	No	Amount
	☐	☐	$
	☐	☐	$

Veterans Benefits

Chapter	Yes	No	Amount
	☐	☐	$
	☐	☐	$

Central Piedmont: Family Member Employee

☐ Yes ☐ No

Central Piedmont Staff/ Faculty Scholarship

☐ Yes ☐ No

Employer Tuition Reimbursement

☐ Yes ☐ No

Other

☐ Yes ☐ No Amount _____

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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.

Student Signature: _____ Date: _____

Contributor Signature
(Dependent Students Only): _____

Date: _____