CCA Financial Aid Office
16000 E. CentreTech Parkway, Suite A103
Aurora, CO 80011-9036
303-360-4709; Fax: 303-361-7401

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Student's CCA ID Number

Displaced Worker Tuition Grant for 2012-2013

TERMS AND CONDITIONS OF GRANT

1. Unemployed students who were laid off in the last 2 years and dependent students whose parents are unemployed due to layoffs in the last 2 years may be eligible.
2. This grant covers up to 100% of the student share of resident tuition at CCA for up to 30 credit hours during one year of enrollment. However, all fees and any charges related to the course(s) is the sole responsibility of the student.
3. Students must meet CCA's Satisfactory Academic Progress Policy and be working toward their first Associate or Bachelor's degree.
4. Grants awarded to students already receiving Federal Title IV assistance and/or tuition assistance from an outside payer shall be limited to the amount needed to make up the difference between the other grants, plus the outside assistance and the student share of resident tuition. This grant will be applied after all other aid has been awarded and may be reduced due to other financial assistance.
5. It is the responsibility of the student to notify Financial Aid Office of any adjustments made to their course schedule. Any adjustments in the students course schedule may result in a balance due to Community College of Aurora. The college reserves the right to adjust or cancel this Grant at any time.
6. The student must apply for the College Opportunity Fund (COF) Stipend in order to get the reduced tuition rate. If the student is not eligible for COF or does not apply for COF, the student is responsible for the difference in tuition between resident CCA course tuition and the final tuition amount. Please note that some courses are not eligible for COF; also, courses that are audited are not eligible for COF.
7. Must attach documentation of layoff.
8. Funds will be awarded on a "first-come" basis until funds are expended.
9. Priority deadlines: Spring Semester-February 15, Summer-June 15, Fall-September 15.

USE BLACK INK

Last Name _____ First Name _____ M.I. _____

Street Address _____ City _____ State _____ Zip Code _____

Phone Number (H) _____ Phone Number (W) _____

PREFIX	COURSE NUMBER	SECTION NUMBER	TITLE	CREDIT HOURS	SEMESTER & YEAR

I hereby certify that I have read the above terms and conditions of this grant and accept the award indicated on this form. If I do not receive the grant I understand that I am responsible for all charges.

Student's Signature _____ Date _____

THIS FORM MUST BE SUBMITTED TO THE CCA FINANCIAL AID OFFICE

For Financial Aid Office Use Only:

Processed by: _____ Date: _____