Exceptional Need-Based Grant for 2012-2013

TERMS AND CONDITIONS OF GRANT

1. For resident students who do not qualify for Pell Grants, CCA will offer a need-based institutional grant entitled CCA Exceptional Need Based Grant.

2. To be eligible, the student must have an income/family income that is less than 150% of the federal poverty line, and the student must agree in writing not to take out any student loans during the semester awarded. STUDENTS MUST SUBMIT A FAFSA OR ATTACH A COPY OF THEIR MOST RECENT FEDERAL TAX RETURN.

3. Students must meet CCA’s Satisfactory Academic Progress Policy and be working toward their first Associate or Bachelor’s degree.

4. The grant covers 50% of the student share of resident tuition for up to 12 credit hours per semester and will be reduced if/when combined with all other financial aid resources. The student is responsible for all fees and charges related to any of the courses.

5. It is the responsibility of the student to notify the Financial Aid Office of any adjustments to their course schedule. Any adjustments in the students 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 signed Loan Waiver Affidavit.

8. Funds will be awarded on a “first-come” basis until funds are expended.


USE BLACK INK

Last Name ___________________________ First Name ___________________________ M.I. ___________________________

Street Address ___________________________ City ___________________________ State ___________________________ Zip Code ___________________________

Phone Number (H) ___________________________ Phone Number (W) ___________________________

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 ___________________________

REV. 12/04/12
Loan Waiver for Exceptional Need Based Grant

I certify that I may be eligible for the Community College of Aurora Need Based Grant and I understand the following criteria:

- This is for resident students who do not qualify for Pell Grant

- To be eligible, the student must have an income/family income that is less than 150% of the federal poverty line, and the student must agree in writing not to take out any student loans during the semester awarded.

- The grant covers 50% of the students share of resident tuition for up to 12 credit hours per semester and the student is responsible for all fees and charges related to any of the courses.

- 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.

- I understand that I WILL NOT obtain a Federal Student Stafford Loan or Alternative Loan while receiving this scholarship. If I chose to obtain a Federal Student Stafford Loan or Alternative Loan while receiving this scholarship, I must repay any funds awarded from this scholarship and this scholarship will be cancelled. I also understand that this award will be reduced if combined with other financial aid resources and will be applied after all other aid has been awarded.

Student Signature: _______________________________ Date: ________________

Print Name: _______________________________Student ID #: ________________

Telephone Number: __________________________ Email: __________________________

For Financial Aid Office Use Only:

Processed by: _______________________________ Date: ________________