

QUINCY COLLEGE

Quincy College Financial Aid Office | 1250 Hancock St., Quincy, MA 02169 | (617) 984-1620

FINANCIAL AID INFORMATION FORM 2018-2019

Please select one only: Quincy Campus Male
 Plymouth Campus Female

GENERAL INFORMATION

Applicant Name _____
First Middle Last

Social Security Number _____ Student ID # _____ Date of Birth _____

Other name(s) under which records may appear _____

Cell Phone: (____) _____ Home Phone: (____) _____

Mailing Address _____

City _____ State _____ Zip _____

Street Address (if different) _____

Email Address _____

Have you ever received financial aid through Quincy College? Yes No Semester _____

Do you wish to be considered for Federal Work-Study employment? Yes No

Have you ever received a high school diploma or GED? Yes No Year of Graduation _____

Have you already earned a Bachelor's Degree? Yes No Institution _____

COLLEGE TRANSFER INFORMATION

If you are attending another college or post-secondary school during the 2018-2019 academic year, please provide the name of the school:

School Name _____ Dates attended: _____

AUTHORIZATION TO CREDIT CHARGES

If you have sufficient aid to cover charges in excess of tuition and fees, you may authorize Quincy College to cover these charges.

- **Credit at the bookstore for books.**
- **Non-waived insurance:** All students taking at least 9 credits must be covered by medical insurance. If you are not already covered, you must purchase insurance through Quincy College.
- **By signing this application you acknowledge that you are responsible for paying any charges not covered by final awarded funds.**

PLEASE COMPLETE BOTH SIDES OF THIS FORM

RELEASE OF INFORMATION

The Office of Financial Aid will release financial aid information to the following individuals, agencies and organizations. The student must notify the office in writing if they do not wish for information to be released.

- Applicant (and parents of dependent students)
- Organizations sponsoring financial aid programs for which you may be eligible.

CERTIFICATION STATEMENT ON REFUNDS & DEFAULT

I certify that I do not owe a refund on any grant or loan, am not in default on any loan or have made satisfactory arrangements to repay any defaulted loan, and have not borrowed in excess of the loan limits, under Title IV programs, at any institutions.

NOTIFICATION OF RETURN OF TITLE IV FUNDS

The Department of Education requires this calculation to be done for any financial aid recipient who does not successfully complete any courses during a given semester. This applies to both official and unofficial withdrawals, failures, and incomplete grades. Any outstanding balance that results from the retraction or adjustment of financial aid is the responsibility of the student.

NOTIFICATION OF AUTOMATIC DIRECT LOAN

Quincy College is authorized to make multiple loans under the same Master Promissory Note (MPN) for more than one academic year. If you signed one MPN for all of your Direct Subsidized Loans and Direct Unsubsidized Loans, you must notify the College **in writing** if you **do not** wish to borrow loans for a specific year. Loans will automatically disburse if you are enrolled in 6 or more credits and have assigned an MPN to Quincy College within the last 10 years.

DISCLAIMER

The Financial Aid Office reserves the right to amend or cancel any award within Federal, State, and College guidelines. Quincy College is not responsible for notifying students of exceeding the maximum aggregate Federal Direct Stafford Loan limits or Pell Life Eligibility percentage used. Students can view revised awards on their QC portal at www.quincycollege.edu. It is the student's responsibility to consistently review awards and account activity each semester to be aware of any changes. Any resulting balance is the student's responsibility.

STATEMENT OF EDUCATIONAL PURPOSE

I will use the Title IV money only for expenses related to my study at Quincy College.

Warning: To receive any Title IV financial aid, you must validate the certification statement on refunds and default, and the statement of education purpose with your signature. You must be registered with the Selective Service if you are required to register. If you purposely give false or misleading information, you may be subject to up to a \$10,000 **fine**, imprisonment for up to 5 years, or both.

SIGNATURE(S)

I certify that all the information I have entered on this form is correct and complete. I understand that I am responsible for all charges not covered by my financial aid.

Student _____ Date _____

Parent _____ Date _____

(Parent signature is required for Dependent students only)

IMPORTANT: The Free Application for Federal Student Aid (FAFSA) must be completed in addition to this form in order to determine financial eligibility.

Quincy College is an academic community dedicated to openness, tolerance and respect. Our doors are open to all students and employees without regard to age, race, religion, sex, marital or parental status, national origin, veteran status, physical or mental disability or sexual orientation. The College does not discriminate in its education programs or in admissions to, access to, treatment in, or employment in its programs and activities. Quincy College strives to not only meet, but exceed all Federal, State and Local statutes governing equal opportunity and inclusion. All questions, concerns, or complaints regarding the College's Affirmative Action/Title VI or Sexual Harassment/Title IX policies should be forwarded to Mary Scott, Vice President for Human Resources, 1250 Hancock Street, Suite 706N, Quincy, MA 02169 or by calling 617-984-1768 or at msscott@quincycollege.edu. Inquiries regarding services for students with disabilities or the Americans with Disabilities Act should be forwarded to Susan Bossa, Associate Vice President for Student Development, 1250 Hancock Street Quincy, MA 02169 or by calling 617-984-1656 or at sbossa@quincycollege.edu. EO# MJFJDJV