

FINANCIAL AID INFORMATION FORM 2025-2026

Please select one only: Quincy Campus Plymouth Campus

GENERAL INFORMATION

Full Name: _____ Date of Birth: _____

Social Security #: _____ Student ID #: _____

Other Name(s) under which records my appear: _____

Mobile Phone: _____ Home Phone: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address (if different than Home Address): _____

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/HiSET? Yes No Grad Year: _____

Have you already earned an Associate or Bachelor's Degree? Yes No Institution: _____

COLLEGE TRANSFER INFORMATION

If you are attending another college or post-secondary school during the 2025-2026 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.**

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. 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 Signature _____ Date _____

Parent Signature _____ 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.

In accordance with federal civil rights law, Quincy College does not discriminate in its educational programs and activities on the basis of race, color, national origin, ancestry, sex, gender, gender identity, gender expression, sexual orientation, physical and/or mental disability, age, religion, medical condition, veteran status, marital status, genetic information, or any other characteristic protected by institutional policy or state, local, or federal law. The requirement of non-discrimination in educational programs and activities extends to employment and admission. The following persons have been designated to handle inquiries regarding the non-discrimination policies, including Title IX and Section 504, relative to student matters and Title IX, Section 504, and Title VI relative to employee related matters is Jessica Cherry, Chief of Staff, jcherry@quincycollege.edu and Meghan Giovannoni, Vice President of Student Success and Partnerships, mgiovannoni@quincycollege.edu.