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	<b>SOCIAL SECURITY NUMBER</b>
	<b>MPC STUDENT'S ID NUMBER</b>

## 2015-2016 Financial Aid Student Contract

**You are responsible for knowing the information on this contract.**



**By signing this form, you acknowledge that you have read and understand all the content herein.**

Use ink only.

**Please read** and *initial* the following sections.

- a. I understand that it is my responsibility to check my email and keep updated on my status.   
*Use "My Financial Aid" page to see where you are in the process.*
- b. I understand I need to keep my contact information current (address, phone, and email).   
*Check your address and contact information to make sure it is current on WebReg.  
 Also report any changes to your contact information to the Financial Aid Office.*
- c. I understand that I must declare a major and need to keep both my major *and* academic goal current with the college.   
*Check your major and academic goal on WebReg in "Update Your Email and Contact Information" to make sure they are correct.*
- d. I understand I will need to show a California or Student photo ID to obtain my financial aid check.



**You are responsible for knowing the information provided on the SAP Policy and FA Handbook. This information may be crucial in the continuation of your financial aid at MPC.**

*You are required to read **both** each academic year.*

Read the SAP Policy and FA on the Financial Aid website ([www.mpc.edu/financialaid](http://www.mpc.edu/financialaid)).

e. I certify that I have reviewed the SAP Policy and understand my responsibilities and the consequences.

f. I certify that I have reviewed the FA Handbook  and understand the following:  
Federal Aid Eligibility, Available Programs, Cost of Attendance (COA), and Family Educational Rights and Privacy Act (FERPA).

Processing Timelines

Fraud

Release of Information

Disbursement Dates (page 3)

When I must enroll in a class in order to be paid for it

Dropping classes and how it affects the amount of aid I receive

Returning Funds

g. I certify that I understand the financial aid regulation for payment of repeated courses

h. I certify that I understand that I cannot receive Pell grant aid for more than 12 full time equivalent semesters or 600% Lifetime Pell Eligibility (LPE). I will log on to

[www.nslds.ed.gov](http://www.nslds.ed.gov) and check my LPE.

**By signing my full name below, I certify that the above information is correct and true.**

*I understand that if I choose not to complete the Student Financial Aid Contract electronically, I am responsible for staying updated on my financial aid status. I understand that declining the electronic submission of this form may significantly increase the time it takes to process my financial aid. I am responsible for printing, completing, and submitting all required forms to Student Financial Aid.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Student Name: \_\_\_\_\_