

Session: 2131	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	SOCIAL SECURITY NUMBER
Track Code:	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>
	MPC STUDENT'S ID NUMBER

2013-14 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.

Please read and **write your initials** for 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.

- 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.



IMPORTANT:

You are responsible in 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 and on the Financial Aid website (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.nslids.ed.gov and check my LPE.

By typing 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: _____