

Session: 2141	SOC

Session: 2141	SOCIAL SECURITY NUMBER	
Track Code: SC	MPC STUDENT'S ID NUMBER	

2014-2015 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.

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.











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 (FERF	PA).
Processing Timelines	
Fraud	
Release of Information	
Disbursement Dates (page 3)	
When I must enroll in a class in order to be	e paid for it
Dropping classes and how it affects the ar	nount of aid I receive
Returning Funds	
g. I certify that I understand the financial aid regulation	on for payment of repeated courses
h. I certify that I understand that I cannot receive Pel	I grant aid for more than 12 full time
equivalent semesters or 600% Lifetime Pell Eligib	lity (LPE). I will log on to

www.nslds.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:
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Print Student Name: _____