

2014-2015
FINANCIAL AID

STUDENT INFORMATION SHEET



Dependent Verify
Group 4 Packet

Cunningham Boulevard
Booneville, MS 38829
Phone: (662) 720-7205
Fax: (662) 720-7232

Please answer all questions carefully. Do not leave any blank.

PERSONAL INFORMATION

Name _____
Last First Middle/Maiden

Social Security Number _____ Date of Birth _____ Marital Status _____

Permanent Address _____
Street City State Zip

Telephone Number (_____) _____

Where will you reside while attending Northeast? Check one: () with parents () on campus () off-campus*

*If you live off campus, you must provide your landlord's name, address, and phone number, or check here () if you own or are buying your home.

(Landlord's Name) (Landlord's Address) (Landlord's Phone Number)

EDUCATIONAL STATUS

When do you plan to enroll at Northeast? _____ (Month/Year)

In what session will you enroll during the academic year? () Fall () Spring () Summer

What classification will you be? () Freshman () Sophomore

How many hours do you plan to enroll in:
_____ Hours Fall Semester _____ Hours Spring Semester _____ Hours Summer
(If you are not sure how many hours you will enroll in, but you plan to be full-time, please write "FT" in appropriate blanks)

Have you ever attended another college? Yes ___ No ___ If yes, give name and the dates attended of all colleges:

*Please include semesters in which you withdrew from college. Failure to list other colleges attended could mean denial of student financial aid.

Have you ever attended Northeast? Yes ___ No ___ If yes, how many **semesters** have you completed at Northeast? _____

EDUCATIONAL OBJECTIVES

Major course of study during the academic year (Major) _____

When do you plan to complete your education at Northeast _____
Month Year

STUDENT LOANS

If you wish to apply for a student loan, you MUST log on to the Northeast web site at www.nemcc.edu and follow the instruction listed below: (if viewing this form on the web, just click the link(s) in blue to go to the page or form)

- At the top of the web page click on 'Financial Aid'
- Next click "[Financial Aid Forms](#)"
- Scroll down the page
- Click on "[2014-2015 Federal Student Loan Packet](#)"

Print entire Loan Packet. Complete steps I-IV of the loan packet. Return step IV to the Northeast Financial Aid Office.

Your student loan will not be processed until we have received Step IV of the loan packet, Entrance Loan Counseling confirmation, and an MPN has been completed.

STATEMENT OF REGISTRATION STATUS

- _____ I certify under penalty of perjury that I am registered with Selective Service.
 _____ I certify that I am not required to be registered with Selective Service because:
 _____ I am female
 _____ I am in the armed services on active duty (Note: Does not apply to members of the Reserves and National Guard who are not on active duty)
 _____ I have not reached my eighteenth birthday
 _____ I was born before 1960
 _____ I am a citizen of the Federated States of Micronesia, the Marshall Islands, or a permanent resident of the Trust Territory of the Pacific Island (Palau)

*Section 97-9-59, Mississippi code of 1972, defines perjury as “Every person who shall willfully and corruptly swear, testify, or affirm falsely to any material matter under any oath, affirmation, or declaration legally administered in any matter, cause, or proceeding pending in any court of law or equity, or before any officer thereof, or in any case where an oath or affirmation is required by law or is necessary for the prosecution or defense of any private right or for the ends of public justice, or in any matter preceding before any tribunal or officer created by the Constitution or by law, or where any oath may be lawfully required by an judicial, executive, or administrative officer, shall be guilty of perjury, and shall not thereafter be received as a witness to be sworn in any matter or cause whatever, until the judgment against him be reversed.

NOTICE: YOU WILL NOT RECEIVE ANY FINANCIAL ASSISTANCE UNLESS YOU COMPLETE THE ABOVE STATEMENT.

PLEASE NOTE: LLS, COE AND EDU Classes Will Not Be Counted Toward Total Hours For Financial Aid Purposes, Unless In Your Curriculum.

STUDENT CERTIFICATION

I certify that I have read and understand the above guidelines. I certify that the information that I have provided on the Student Information Sheet is true and correct to the best of my knowledge. I understand that I must meet all requirements for regular admission to receive financial aid.

Social Security Number _____ - _____ - _____

Signature of Student

Date

Dependent Verification 2014-2015

Northeast Miss. Community College
 Cunningham Boulevard
 Booneville, MS 38829
 Phone: 662-720-7205
 www.nemcc.edu

Your 2014–2015 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called verification. The law says that before awarding Federal Student Aid, we may ask you to confirm the information you reported on your FAFSA. To verify that you provided correct information, we will compare your FAFSA with the information on this institutional verification document and with any other required documents. If there are differences, your FAFSA information may need to be corrected. You and a parent whose information was reported on the FAFSA must complete and sign this institutional verification document, attach any required documents, and submit the form and other required documents to us. We may ask for additional information. If you have questions about verification, contact us as soon as possible so that your financial aid will not be delayed.

A. Student's Information

Student's Last Name	First Name	M.I.	Student's ID or last four digits of SSN
Student's Street Address (include apt. no.)			Student's Home Phone or Cell Number (include area code)
City State Zip Code			

B. Child Support Paid

One of the parents included in the household or the student paid child support in 2013. List below the names of the persons who paid the child support, the names of the persons to whom the child support was paid, the names of the children for whom the child support was paid, and the total annual amount of child support that was paid in 2013 for each child.

If more space is needed, provide a separate page that includes the student's name and ID number at the top.

Name of Person Who Paid Child Support	Name of Person to Whom Child Support was Paid	Name of Child for Whom Support Was Paid	Amount of Child Support Paid in 2013

Note: If we have reason to believe that the information regarding child support paid is not accurate, we may require additional documentation, such as:

- A copy of the separation agreement or divorce decree that shows the amount of child support to be provided;
- A statement from the individual receiving the child support certifying the amount of child support received; or
- Copies of the child support payment checks or money order receipt

C. SNAP Benefits Received

The Parents certify that a member of the parents' household, received benefits from the Supplemental Nutrition Assistance Program or SNAP (formerly known as the Food Stamp Program) sometime during 2012 or 2013. SNAP may be known by another name in some states. For assistance in determining the name used in a state, please call 1-800-4FED-AID (1-800-433-3243).

The parents' household includes:

- The student.
- The parents (including stepparent) even if the student doesn't live with the parents.
- The parents' other children if the parents will provide more than half of their support from July 1, 2014, through June 30, 2015, or if the other children would be required to provide parental information if they were completing a FAFSA for 2014-2015. Include children who meet either of these standards even if the children do not live with the parents.
- Other people if they now live with the student and the student or spouse provides more than half of their support and will continue to provide more than half of their support through June 30, 2015.

Note: If we have reason to believe that the information regarding the receipt of SNAP benefits is inaccurate, we may require documentation from the agency that issued the SNAP benefits in 2012 or 2013.

_____ I certify that myself or someone in my household received SNAP benefits.

_____ I certify that no one in my household received SNAP benefits.

D. Certifications and Signatures

Each person signing below certifies that all of the information reported is complete and correct. The student and one parent whose information was reported on the FAFSA must sign and date.

WARNING: If you purposely give false or misleading information you may be fined, be sentenced to jail, or both.

Print Student's Name

Student ID or Last four digits of SSN

Student's Signature

Date

Parent's Signature

Date

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Identity and Statement of Educational Purpose

The student must sign, in the presence of the institutional official, the following:

I, _____, certify that I am the individual signing this Statement of Educational Purpose and that the federal student financial assistance I may receive will only be used for educational purposes and to pay the cost of attending Northeast Mississippi Community College for 2014-2015.

Student's Signature

Date

Student's Social Security Number

If Signed at the Institution:

The student must appear in person at Northeast Mississippi Community College to verify his or her identity by presenting valid government-issued photo identification (ID), such as, but not limited to, a driver's license, other state-issued ID, or passport. The institution will maintain a copy of the student's photo ID that is annotated with the date it was received and the name of the official at the institution authorized to collect the student's ID.

If NOT Signed at the Institution:

If the student is unable to appear in person at Northeast Mississippi Community College to verify his or her identity, the student must provide:

- A copy of the valid government-issued photo identification (ID) that is acknowledged in the notary statement below, such as but not limited to a driver's license, other state-issued ID, or passport; and
- (b) The original notarized Statement of Educational Purpose provided below.

Notary's Certificate of Acknowledgement

State of _____ City/County of _____ on _____, before me,

_____, personally appeared, _____, and provided
(notary's name) (student's name)

to me on basis of satisfactory evidence of identification _____ to be the
(Type of government-issued photo ID provided)

above-named person who signed the foregoing instrument.

WITNESS my hand and official seal

Notary Signature

My commission expires on _____ (Date)

Group 4 Packet

**STUDENT AUTHORIZATION
Use of Financial Aid
2014 – 2015 Aid Year**

Financial aid is provided to help cover the cost of attending college. Based upon my signature below, I am requesting that I be allowed to utilize my financial aid to cover all cost of my enrollment at Northeast Mississippi Community College. I wish to use my financial aid to:

- pay tuition, fees, and room and board,
- charge textbooks, class supplies, and other items in the NEMCC Bookstore
- pay other incidental charges associated with my enrollment and attendance at NEMCC: such as, malpractice insurance, voluntary accident insurance, child care fees, testing fees, late fees, and other college related charges

I understand that I am requesting to charge these costs against my federal grant or loan, as well as, any state or private financial aid. I understand that my financial aid may not provide enough resources to cover all of the costs of college enrollment and that I am personally responsible for costs in excess of my final financial aid awarded. I understand that I will not be allowed to charge any costs in excess of my financial aid. I understand that my approved financial aid amount may change during the semester based on my enrollment status.

I also understand all charges I incur will be deducted from the first financial aid received on campus regardless of source. I understand that I, the student, am personally responsible for all debts I incur at Northeast Mississippi Community College.

I understand that I can charge against my federal or state grant two (2) days before the beginning of classes, and on three (3) separate occasions during the first four (4) weeks of the semester. A check for the remaining balance, if any, of my financial aid will be issued to me after the tenth week of the semester.

I understand that if I am charging to a loan I may charge only one time and that charge must be made within the first two weeks of school. I understand that if I leave school for any reason before the loan check distribution date, I am responsible for all charges made.

In the event I do not complete the semester, I further understand that I may return my books to the college bookstore for a pro rata refund in accordance with the bookstore refund policy and the federal financial aid regulations. All other items purchased in the bookstore with financial aid are excluded from the pro rata refund upon withdrawal. I understand that I will pay the college the total amount due for these items charged.

As stated earlier, I understand that all charges made at Northeast Mississippi Community College will be paid with the first financial aid received by the college.

Student's Signature

Social Security Number

Date

Sign and return form to:

Northeast Mississippi Community College
Financial Aid Office
Cunningham Blvd.
Booneville, MS 38829

The above authorization provides documentation required under Federal Register 34 CFR 668.165.