

**2014-2015  
FINANCIAL AID  
STUDENT INFORMATION SHEET**



**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](http://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

**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.*