

2017-2018
FINANCIAL AID
STUDENT INFORMATION SHEET

Independent 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

Student loans are automatically packaged for each student. To accept your student loan offer, log on to Tigerline at www.nemcc.edu and follow the instruction listed below:

Logon through your **Secure Access Login**. Select "**General Financial Aid**." On the tabs at the top select "**AWARD**," click "**Accept Award Offer by Aid Year**", Select "**Aid Year(17/18)**," "**submit**," then choose "**Accept Award Offer**." Scroll down and then "**Accept**" your decision. If you do not want the loan, then choose **Decline** to decline the offer.

You will also receive an email or letter informing you that a loan offer has been packaged with instructions to login to Tigerline.

You will also need to complete the Loan Entrance Counseling and Master Promissory Note at www.studentloans.gov. Your student loan will not be processed until we have received Loan Entrance 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

Independent Verification 2017-2018

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

Your 2017–2018 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. 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



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 2017-2018.

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
2017 – 2018 Aid Year**

This section is optional. Only students wishing to charge expenses other than tuition, room and board and required fees must complete this section. Be aware that NO other charges (books, etc.) can be charged against your financial aid without a signed authorization. Federal Pell Grant eligible students who wish to charge books and supplies only in the college bookstore to their business office account need not sign this authorization if their aid application is complete.

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.