



FINANCIAL AID APPLICATION

Alabama Southern Community College
P.O. Box 2000 • Monroeville, AL 36461
arowell@ascc.edu • (251) 575-8256

Alabama Southern Community College
P.O. Box 2000 • Thomasville, AL 36784
lnelson@ascc.edu • (334) 637-3168

PERSONAL DATA

PLEASE PRINT ALL INFORMATION

Name _____
Last First Middle Initial Maiden E-mail Address

Student SSN _____ ☐ Male ☐ Female Date of Birth _____

Home Phone () _____ Cell Phone () _____

While I am attending ASCC I will live: ☐ Alone or with ☐ Spouse ☐ Parents ☐ Guardian ☐ Other(specify) _____

Current Mailing Address (while attending ASCC) _____
Number & Street City State Zip
()

Employer Occupation Work Phone
()

Spouse's or Parent's Name Home Phone

Spouse's or Parent's Address (if different from above) _____
City State Zip
()

Spouse's or Parent's Employer Occupation Spouse's or Parent's Work Phone

Are you ☐ or a parent ☐ a displaced worker ☐ Yes ☐ No If yes, who was the employer prior to layoff? _____

Marital Status: ☐ Married ☐ Single, never been married ☐ Widowed ☐ Divorced ☐ Separated (May be required to verify)

I have _____ dependant children who live with me (please list number).

EDUCATIONAL EXPERIENCE (please check one):

☐ I have never attended another college, university, or technical school.

☐ I am a returning Alabama Southern Community College student.

☐ I am transferring from another college, university, or technical school, and I have attended the following colleges: (please list all college names, city/state, and last date of attendance. Use an additional sheet if necessary).

ADDITIONAL INFORMATION

Academic Period for which aid is sought: ☐ Fall Term ☐ Spring Term ☐ Summer Term Year _____

I plan to take most of my classes at ☐ Monroeville ☐ Thomasville ☐ Gilbertown ☐ Jackson

If you are pell eligible and receive a refund check, the campus checked above is where you will pick up your check.

Do you have a High School Diploma or GED? ☐ Yes ☐ No Date received _____

Proposed College Major: _____

Have you completed the FAFSA application? ☐ Yes ☐ No If yes, what was the date submitted? _____

All students must complete and sign the reverse side of this application.

OTHER SOURCES OF ASSISTANCE

I will receive aid from the following sources (you must check all that apply)

☐ ASCC Scholarship (Academic, Athletic, Performing Arts, Leadership, or other) ☐ VA/Military Tuition Assistance ☐ WIA/TAA/TRA

☐ Alabama Veteran Dependent Scholarship ☐ Alabama Vocational Rehabilitation ☐ Prepaid Affordable College Tuition (PACT)

☐ Vocational Rehabilitation – Chapter 31 Veteran’s Benefits ☐ Other_____

FAMILY EDUCATION RIGHTS AND PRIVACY ACT

Under the Family Educational Rights and Privacy Act (FERPA) of 1974, the ASCC Office of Financial Aid may not release a student’s financial aid information, or any information relating to a student’s ASCC account to another individual unless authorized by the student. ASCC Office of Financial Aid will only release information to individuals you designate below.

Please choose one of the following:

- ☐ I request that ASCC not release any financial information to persons other than those lawfully designated within the FERPA policy.
- ☐ I authorize ASCC to release any and all financial information to the individual(s) listed below:

Name	Relationship to Student
_____	_____
_____	_____
_____	_____

STUDENT AFFIDAVIT

I hereby affirm that all funds received through the Title IV programs will be used solely for education or educationally-related purposes. I also affirm that I do not owe a repayment on a Pell Grant, Supplemental Grant, or State Grant at any institution, and that I am not in default on any federal student loan received at any institution.

- I certify that I have received a high school diploma (not a certificate of attendance) or GED.
- I certify that the information I have provided on this application is true and correct.
- I understand that I may be asked for documentation to verify information I have provided.
- I agree to allow the ASCC Financial Aid Office to discuss my application and financial situation with, and provide needed academic information to, any agency that may also be considering me for aid.
- I promise to inform ASCC Financial Aid of any/all additional financial resources that become available to me, as well as any changes in my enrollment status. I recognize that my aid may be adjusted accordingly.
- I understand that if I fail to meet the conditions of my award, or fail to make satisfactory academic progress as described in the ASCC catalog or web site, my financial aid award may be adjusted or terminated.
- I understand that a conviction for any offense, during a period of enrollment for which a student receives Title IV, HEA program funds, under any federal or state law involving the possession or sale of illegal drugs will result in the loss of eligibility for any Title IV, HEA grant, or work-study assistance.
- I understand that I must reapply for financial aid each academic year.
- I give ASCC permission to make any corrections needed to my FAFSA.
- I understand that I may be required to repay a percentage of my Federal Pell Grant if I completely withdraw from all my ASCC classes prior to reaching the 60% point in the academic term.

The above information will be effective as of your signature date. It may be amended at any time by visiting the Financial Aid Office.

Student Signature	Date
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Forms should be returned to the following addresses for the following campuses attended:

Monroeville and Gilbertown Amy Rowell P.O. Box 2000 Monroeville, AL 36461	Thomasville and Jackson LaSha Nelson P.O. Box 2000 Thomasville, AL 36784
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