

Financial Aid Office
Quinsigamond Community College
2009-2010 Verification of State Residency

Student's Name: _____ College ID or SSN: _____

You and/or your parents did not complete the questions on the FAFSA pertaining to residency. This information is required in order to determine your eligibility for financial assistance from the Commonwealth of Massachusetts. Please complete the following questions:

STUDENT:

1. What is your state of legal residence? _____
2. Did you become a legal resident of this state before January 1, 2004? Yes No
3. If the answer to question #2 is "No", give the month and year you became a legal resident: _____

If you were required to report parent information on your FAFSA, please complete the section below for that same parent.

PARENT(S):

1. What is your parent's state of legal residence? _____
2. Did your parent become a legal resident of this state before January 1, 2004? Yes No
3. If the answer to question #2 is "No", give the month and year legal residency began for the parent who has lived in the above state the longest: _____

If you have already been awarded, this information will be used to reevaluate your award. If you are eligible for additional state assistance, you will receive a revised award letter in the mail. If you have not yet been awarded, this information will be used to determine your eligibility at the time you are awarded.

Please Note: You are providing this information to determine your eligibility for state funds that are administered by QCC. You may be asked for additional documentation. You may also be asked for this same information directly from the Massachusetts' Office of Student Financial Assistance for the MASSGrant program or from the state scholarship/grant office where you are a permanent resident.

I/we certify that the above information about my/our residency is complete and correct.

Student's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

Financial Aid Office
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