

Financial Aid Office
Quinsigamond Community College
2010-2011 Request for Additional Financial Aid Funds

Student Name: _____ College ID or SSN: _____

Current Email Address: _____

Best Telephone Number to Reach Me at: _____

Number of Credits Fall 2010: _____ Number of Credits Spring 2011: _____

Does your program of study require Intersession enrollment? Yes No

Does your program of study require Summer enrollment? Yes No

If there are no grants for which you are eligible, are you willing to borrow a student loan to cover these expenses? Yes No

Detail all **educational** expenses for which you are seeking additional funds. Do not list monthly amounts.

<u>Expense Description</u>	<u>Amount Needed/Semester</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Educational Expenses TOTAL: \$ _____

Detail any **other** expenses for which you are seeking additional funds for the semester. Be specific and attach documentation. Generally, grant funds will not be awarded to cover living expenses, e.g. rent and utilities. You may be eligible to borrow a student loan to cover these expenses.

<u>Expense Description</u>	<u>Amount Needed/Semester</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Other Expenses TOTAL: \$ _____

If there is any other information you would like us to consider, please make comments on the back of this form.

Student's Signature: _____ Date: _____

Authorization: You must sign this section if you want your aid to cover current charges other than tuition and fees.

I authorize QCC to apply the excess funds to pay other charges that may be assessed to my student account such as insurance, parking fees, etc. I may rescind this authorization, in writing at any time.

Student's Signature: _____ Date: _____ :

Staff Initials _____
Date Processed: _____