

Niagara County Community College
Office of Financial Aid

Academic Eligibility Form for Student Financial Aid

Name: _____
(Please Print) Last Any Other Last Name First MI

Address: _____
Street City Zip Code

Student ID: _____ SS # _____ Phone#: (____) ____ - _____

Email Address: _____

Eligibility Statement: Please provide a statement outlining why this eligibility review has merit.

Attach documents that verify your statement. Please instruct anyone who is submitting documentation your behalf to include your name and social security number on the documentation. Acceptable documentation includes: *birth/death certificates, obituaries, funeral programs, medical records that corroborate illness and length of recuperation, court documents, and statements from physicians, counselors, clergy, or social workers.*

I certify that all statements and supporting documentation provided to Niagara County Community College is factual. I understand the review process and accept that the decision of the College is final.

Signature: _____ Date: _____

ELIGIBILITY ASSESSMENT

_____ Approved _____ Denied

Rationale for Decision/Recommendations: _____
