

# Application Checklist

**This is where you start EVERY YEAR you apply for the NC Reach Grant.**

If you want NC Reach funds, you must complete each of the steps below, every year you apply for NC Reach.  
 This page is NOT your NC Reach Application. The NC Reach application is online at [www.ncreach.org](http://www.ncreach.org).

Date Completed (MM/DD/YY)	NC Reach Application Process
1 / /	I have enrolled at the school I want to attend.
2 / /	I have completed the FAFSA ( <a href="http://www.fafsa.ed.gov/">www.fafsa.ed.gov/</a> ) Federal Financial Student Aid.  <i>You must complete a FAFSA application yearly. The applications are available January 1st. You should apply by March 1st every year. If you do not complete a FAFSA application you may not receive NC Reach funding.</i>
3 / /	I have completed the online NC Reach application at <a href="http://www.ncreach.org">www.ncreach.org</a> .
4 / /	I checked my email after applying online for the NC Reach, to get my welcome email from <a href="mailto:ncreach@orphan.org">ncreach@orphan.org</a> , telling me what to do next.  <i>Note: If you did NOT receive an email from NC Reach, YOUR email address is not working. Go to <a href="http://www.ncreach.org">www.ncreach.org</a>, 1. Click on "<b>apply here</b>" 2. Log in 3. Fix your email address</i>
5 / /	The financial aid office has completed my NC Reach Financial Aid Release Form I gave them and faxed it to NC Reach.
6 / /	The cashier/bursar's office has completed my NC Reach Cashier Statement. They faxed it, and a copy of my school bill or account summary, to NC Reach.
7 / /	I have read the NC Reach Student Participation form, signed it and faxed or mailed it to NC Reach.

**Request and keep a copy of all forms for your records.**

NC Reach forms can take up to 14 days to process.

# **NC Reach** *Participation Agreement*

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## Welcome to the North Carolina Reach Program!

As a participant in this program, you have some responsibilities which are listed below. Please read them and sign this sheet. Be sure to keep a copy for your own records.

**Remember: Signing this form means you understand what you must do and you agree to do it.**

### **I understand:**

- I must have a working email address and check my email at least once a week for emails from NC Reach. I will reply as required.
- I must update my NC Reach application immediately if ANY of my contact information changes (email, address, telephone, etc) at: <http://www.ncreach.org>
- **I have printed out, read and understood** *the application process and specific program information* from: <http://www.ncreach.org>
- It can take up to 14 days to process my NC Reach forms.
- If I withdraw from any classes or drop out of school, I must notify NC Reach immediately in order to remain eligible for future funding.
- **To receive continued funding from NC Reach, I will request that my registrar's office mail an OFFICIAL transcript of my grades at the end of every semester/quarter/term** to NC Reach, to the address at the bottom of this page.
- If I fall below a 2.0 GPA in any semester/quarter/term, I must participate in the Academic Success Program.
- If I do not participate in the Academic Success Program, or raise my GPA to above a 2.0, the following semester/quarter/term; I may no longer be eligible to receive NC Reach funding.
- I must give my school the NC Reach Financial Aid Release Form and NC Reach Cashier Statement to complete and fax to NC Reach for every semester/quarter/term, I want to receive NC Reach funding.
- I must reapply every fiscal year to be eligible for funding that year.
- All NC Reach funding ceases upon my 26th birthday.

\_\_\_\_\_ **First name**

\_\_\_\_\_ **Last name**

\_\_\_\_\_ **Date**

**Call your North Carolina Reach Program Coordinator at 1.800.585.6112 or email at [ncreach@orphan.org](mailto:ncreach@orphan.org)**

**This form must be faxed to 1.866.283.0223 or mailed to the address below.**

# **NC Reach Financial Aid Release Form**

I have applied for the NC Reach Program for the current academic year. I authorize the cashier/bursar office to release my account information to the program.

Before filling out this form the student must have applied for Financial Aid and be enrolled.

**Student Information:**

Academic Year:	07-08	Last Four Digits SS #: xxx-xx- _____	Phone #: _____
First Name:	_____		
Last Name:	_____		
Student's Signature	_____		Date ____/____/____

**School Information:**

School's Full PAYMENT MAILING Address:			
School Name: _____			
Street: _____	City: _____	State: _____	Zip: _____
Title IV Participating School: <input type="checkbox"/> Yes <input type="checkbox"/> No		Enrollment Status (List number of credit/clock hours)	
Current Term/Quarter/Semester Only (Please select one)		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	
<input type="checkbox"/> Fall	<input type="checkbox"/> Winter	<input type="checkbox"/> Spring	<input type="checkbox"/> Summer

**Financial Information:**

Tuition (Current Semester Only)	\$
	\$
Cost of Attendance <u>LESS Tuition</u> (as defined by the <i>Higher Education Act</i> , which includes: fees, room, board, transportation, supplies etc.) (Current Semester Only) Does Cost of Attendance include?	
Computer <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the student live on Campus/Housing/Dorm facilitated by your institution?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Pell Grant (current semester only) *If Pell is not available for the student please indicate why in the box. Ex: EFC is to high, has not applied, etc...	\$

**Other Grants or Scholarships (List individually current semester only)**

1	\$
2	\$
3	\$

**Loans**

Subsidized Loans	<input type="checkbox"/> Offered	<input type="checkbox"/> Accepted	\$
Unsubsidized Loans	<input type="checkbox"/> Offered	<input type="checkbox"/> Accepted	\$

**Work Study**

Work Study (ACCEPTED ONLY)	\$
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Preparer's Printed Name: \_\_\_\_\_ Direct Phone #: \_\_\_\_\_

Preparer's Signature: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**THIS DOCUMENTATION MUST BE FAXED BY THE FINANCIAL AID OFFICE TO 1.866.283.0223**  
 Questions? Email: [ncreach@orphan.org](mailto:ncreach@orphan.org) or phone 1.800.585.6112

# NC Reach Cashier Statement

## STUDENT INFORMATION

I have applied for the NC Reach Program for the current semester to help meet my post secondary expense. I authorize the cashier/bursar office to release any account information.

FIRST: \_\_\_\_\_

LAST: \_\_\_\_\_

LAST FOUR DIGITS OF SS#: XXX-XX- \_\_\_\_\_

PHONE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

## CASHIER / BURSAR OFFICE

A **DATED COPY OF THE STUDENT'S ITEMIZED BILL**, listing all the charges, credits and payment for the current semester **MUST** be submitted with this completed form.

By checking this box I certify I am authorized as an employee of cashier/bursar office to complete this form and send the student's bill.

SCHOOL NAME: \_\_\_\_\_

PREPARER: \_\_\_\_\_ PHONE: \_\_\_\_\_

PRINT HERE

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

By checking this box I certify that the balance below takes into account both applied and anticipated financial aid.

CURRENT BALANCE DUE: \$ \_\_\_\_\_ (If no balance due, write \$0)

DUE DATE: \_\_\_\_\_

NEXT DROP DATE: \_\_\_\_\_

### PLEASE INDICATE TERM / SEMESTER / QUARTER

FALL

WINTER

SPRING

SUMMER

(If this balance is due for more than one semester / quarter, please indicate which ones.)

**THIS DOCUMENTATION MUST BE FAXED BY THE CASHIER/BURSAR OFFICE TO 1.866.283.0223**  
Questions? Email: [ncreach@orphan.org](mailto:ncreach@orphan.org) or phone (800) 585-6112