

* Submitting this form does not guarantee the student will receive funding*



Financial Aid Release Form 2011-2012

First Name: _____ Last Name: _____

Student ID: _____ Phone: _____ Last 4 digits of SS #: _____

Student Signature Release:

I have applied for the federally funded, Education and Training Voucher Program for the current semester. I authorize the Financial Aid Office to release my account information to the ETV program:

Student Signature: _____ Date: _____

Must be completed by the Financial Aid Office

School's Name: _____ Full Payment Address: _____

Is student (circle): *Full Time* *Part time*

Current Term (circle): *Fall* *Winter* *Spring* *Summer*

Number of credit hours student is taking: _____ OR Clock hours: _____

Has student applied for FAFSA: *Yes* *No*

Pell Grant Amount Received: \$ _____

*If Pell is not available indicate why: *EFC too high* *Academic Suspension* *Ineligible* why: _____

Is student eligible to receive the Maryland State Tuition and Fee waiver? *Yes* *No* Amount: \$ _____

Financial Information:

Cost of Tuition per term: \$ _____ Subsidized loans: \$ _____ Accepted Offered

Cost of Room and Board (if applicable): \$ _____ Unsubsidized loans: \$ _____ Accepted Offered

Cost of Meal Plan (if applicable): \$ _____ Work Study (accepted only): \$ _____

Total Cost of Attendance \$ _____

(As defined by the Higher Education Act, which includes: tuition, fees, room, board, transportation, supplies etc.)

Other Grants/Scholarships (current term only):

	Amount
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____

Preparer's Signature: _____ Print Name: _____ Date: _____

Direct Phone #: _____ Email Address: _____

PLEASE FAX FORM TO:

866-283-0223

Questions ? Email: nc@statevoucher.org or Phone: (800) 585-6118

STUDENT INFORMATION

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

ACADEMIC YEAR: 11-12	Student ID: _____
Last Name: _____	First Name: _____
LAST FOUR DIGITS OF SS#: XXX-XX- _____	PHONE: _____
SIGNATURE: _____	DATE: _____

CASHIER / BURSAR OFFICE


ATTENTION


This form is invalid and will not be processed without a dated, itemized bill for the student's current semester.

By checking this box I certify I am authorized as an employee of Cashier/Bursar Office to complete this form and send the itemized student bill.

PREPARER: _____	PRINT HERE	PHONE: _____
DATE: _____		FAX: _____
EMAIL: _____		DUE DATE: _____
NEXT DROP DATE: _____		

PLEASE INDICATE TERM / SEMESTER / QUARTER: (only check one)

<input type="checkbox"/> FALL	<input type="checkbox"/> WINTER
<input type="checkbox"/> SPRING	<input type="checkbox"/> SUMMER

THIS DOCUMENTATION MUST BE FAXED BY THE CASHIER'S OFFICE TO 1.866.283.0223
 Questions? Email: nc@statevoucher.org or Phone 1.800.585.6118

Participation Agreement

As a participant in this program, you have some responsibilities. Be sure to keep a copy of all forms and information for your own records. **Remember: Participating in one or both of these programs 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/ETV. I will reply as required. *If you do NOT receive an email from NC Reach/ETV after completing your online application, your email address is not working. Go to www.ncreach.org or www.statevoucher.org. 1. Click on "Apply Here", 2. Log in, and 3. Fix your email address.*
- I must update my application immediately if ANY of my contact information changes (email, address, telephone, etc) at: <http://www.ncreach.org> or www.statevoucher.org.
- I have printed out, read and understood** the application process and specific program information from: <http://www.ncreach.org> or www.statevoucher.org.
- At the beginning of each semester/quarter/term, I must give my school the Financial Aid Release Form and the Cashier Statement to complete and fax to NC Reach/ETV with a copy of my school bill or account summary.
- It can take up to 14 days to process my forms.
- I must reapply every fiscal year to be eligible for funding that year.
- I must communicate with my NC Reach/ETV coach at least twice a month.
- If I withdraw from any classes or drop out of school, I must notify NC Reach/ETV immediately in order to remain eligible for future funding.
- To receive continued funding from NC Reach/ETV, I will request that my registrar's office mail an OFFICIAL transcript of my grades at the end of every semester/quarter/term** 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/ETV funding.
- All ETV funding ceases upon my 23rd birthday, and all NC Reach funding ceases upon my 26th birthday.
- I must complete the Free Application for Federal Student Aid (FAFSA) yearly at www.fafsa.ed.gov.

Student Signature _____

Date _____

Printed Name _____

THIS DOCUMENTATION MUST BE FAXED TO 1.866.283.0223

Questions? Email: ncreach@orphan.org (NCReach) or nc@statevoucher.org (ETV)
Phone: 1.800.585.6112 (NCReach) or 1.800.585.6118 (ETV)

YOUR Budget – a Tool For Success

Income	per month	EDUCATION RELATED EXPENSES	per semester
Work	\$	Tuition and Fees	\$
Other –IL stipend, state aid	\$	Housing	\$
Other- ex: child support	\$	Meal Plan	\$
<i>Total</i>	\$	Books	\$
LIVING EXPENSES	per month	<i>Total school expenses</i>	\$
Rent	\$	School Related Funding	per semester
Child Care	\$	Pell Grant	\$
Food	\$	Other Grants/ Scholarships	\$
Electric	\$	Student Loans	\$
Natural Gas	\$	<i>Total financial aid</i>	\$
Water	\$	ETV and NCREach can pay the follow expenses (listed in order of priority): <ul style="list-style-type: none"> - Tuition - Balances due at school - On-campus room and board - Meal cards - Books and school supplies (such as uniforms, tools, equipment) - One computer package (ETV only) - Federal Student Loans - Study abroad through qualifying schools Once these expenses have been addressed, funds can pay for other items, including: <ul style="list-style-type: none"> - Rent - Food - Transportation - Health insurance premium costs - Disability services - Dependent childcare expenses to licensed child care providers 	
Phone	\$		
Cable/Internet	\$		
Gas	\$		
Auto Insurance	\$		
Car Payment	\$		
Maintenance	\$		
Bus Pass; Public Transportation	\$		
Dining out, movies, etc.	\$		
Personal Care	\$		
Health Insurance	\$		
Other	\$		
<i>Total living expenses</i>	\$		

A budget is only useful if you use it. After you complete this budget form, email your ETV/NCREach Coordinator at nc@statevoucher.org to set up a phone meeting to discuss money management as a college student.

Please note any financial or other worries you have regarding attending and succeed in a postsecondary program:

- | | |
|---|---|
| <input type="checkbox"/> Reliable Transportation
<input type="checkbox"/> Affordable & Reliable Childcare
<input type="checkbox"/> Stable & Affordable Housing

<input type="checkbox"/> Other (Please be specific) | <input type="checkbox"/> Daily Organizational Skills/Time Management
<input type="checkbox"/> Study Skills
<input type="checkbox"/> Understanding How to Succeed in College |
|---|---|

This document must be completed by the STUDENT and faxed to NC ETV/NCREach at (866)283-0223