

## DCC Educational Foundation Scholarship Application Financial Aid Information Worksheet

Based on the new Family Educational Rights and Privacy Act (FERPA), applicant must complete the top half of this DCC Educational Foundation Scholarship Application Financial Aid Information Worksheet and submit it to the Danville Community College Financial Aid Office, Wyatt Building, Room 111. Ask the Financial Aid office to complete this form and return it to the Office of Institutional Advancement & Development/DCC Educational Foundation.

**Note: Applicant's DCC Educational Foundation Scholarship application is not complete and will not be considered for a scholarship without this information.** It is the **applicant's responsibility** to follow up with the DCC Financial Aid Office

to ensure that the Office of Institutional Advancement & Development/DCC Educational Foundation receives this information.

I, \_\_\_\_\_, authorize \_\_\_\_\_ to release my  
(Applicant's Printed Name) (College)

financial aid information to the Office of Institutional Advancement & Development/DCC Educational Foundation for use during the scholarship selection process.

Signed: \_\_\_\_\_ Today's Date: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Student ID#: \_\_\_\_\_ Last 4 digits of Social Security #: \_\_\_\_\_

**Applicant Stop Here – Submit entire page to the DCC Financial Aid Office Wyatt Building, Room 111**

**Internal Use Only:** Please complete the remainder of this form and return it to the Office of Institutional Advancement & Development/DCC Educational Foundation.

The following costs are based on:  full-time  part-time enrollment status.

Cost of Attendance \$ \_\_\_\_\_

Student Aid Index \$ \_\_\_\_\_

Aid from federal grant(s) \$ \_\_\_\_\_

Aid from state grant(s) \$ \_\_\_\_\_

Aid from college/institution \$ \_\_\_\_\_

Aid from outside scholarship(s) \$ \_\_\_\_\_

Percentage of Pell eligibility used \_\_\_\_\_

Is student in default on student loan(s) \_\_\_\_\_

Please list the academic year this information is based on: \_\_\_\_\_

Comments (if any): \_\_\_\_\_

Financial Aid Officer: \_\_\_\_\_  
(Printed Name)

Date Completed: \_\_\_\_\_