

Lamar Institute of Technology
Financial Aid Supplement 2011-2012

SS# _____
Student ID# **T**-_____

Name: Last _____ First _____ Middle _____ D.O.B. _____

Number and Street _____ City _____ State _____ Zip _____ Phone Number _____

SECTION I: ADDITIONAL RESOURCES

You are required to report all scholarships, stipends, rehabilitation benefits, tuition waivers, Chapter 31 VA benefits and exemptions, etc., which you will be receiving this academic year.

Yes, I will be receiving additional financial resources from the following sources:

Agency: _____ Amount: _____

Agency: _____ Amount: _____

No, I will not be receiving any additional funds other than my student financial aid (loans & grants).

If you receive any additional resources after completing this form, you must notify the LIT Financial Aid Office immediately. Receipt of additional funds may result in a reduction of any or all awards.

SECTION II: PREVIOUS COLLEGES

List the names of every college and/or university you have attended- **even if you did not receive financial aid**

Name: _____ Year(s) attended: _____

Name: _____ Year(s) attended: _____

Name: _____ Year(s) attended: _____

Name: _____ Year(s) attended: _____

CERTIFICATION OF EDUCATIONAL PURPOSE / REGISTRATION COMPLIANCE / LOAN DEFAULT - GRANT REFUNDS:

I hereby certify that I do not owe a refund on any grant or loan, am not in default on any loan, and have not borrowed in excess of the loan limits under Title IV programs at any institution. I will use all Title IV money received only for expenses related to my study at Lamar Institute of Technology. I further understand that should I purposely give false or misleading information, I may be subject to a fine of up to \$10,000, imprisonment for up to 5 years, or both.

I certify that **I have not been convicted** of violating any federal or state law involving drug possession or sale and that I am not incarcerated in any federal and/or state prison.

I certify that **I am registered** with Selective Service

I certify that I am not required to be registered with Selective Service because:

I am female

I am in the armed services on active duty (NOTE: Reserves and National Guard are not considered active duty)

I have not reached my 18th birthday

I was born before 1960

I am a permanent resident of the Trust Territory of the Pacific Islands, Marshall Islands, or Federated States of Micronesia.

If I have not registered with Selective Service and am now exempt, I understand I must submit required documentation of my exemption to the Office of Student Financial Aid

By signing below and initialing the information on the back of this form, I am certifying that the information provided is true and complete to the best of my knowledge. I further authorize my financial aid funds (grants and/or loans) to be applied to my Lamar Institute of Technology tuition, fees, room and board expenses, approved Consortium charges, and/or any other official institutional charges.

Student Signature: _____ Date: _____

YOU MUST READ & INITIAL THE INFORMATION ON THE REVERSE PAGE OF THIS DOCUMENT

I HEREBY CERTIFY (BY INITIALING) THAT I HAVE READ AND UNDERSTAND THE FOLLOWING:

- ____ I understand that this form is used to accompany the (FAFSA) to gather information used to disburse financial assistance.
- ____ I am enrolled or have been accepted for admission for enrollment at Lamar Institute of Technology (LIT) for the period in which I am requesting financial aid.
- ____ I understand that any potential financial aid awards (Loans and Grants) are based upon the enrollment status as provided on my Free Application for Federal Student Aid (FAFSA).
- ____ I understand that enrolling for and/or staying enrolled in less than the number of hours that I have specified on my completed FAFSA may result in the lowering or elimination of any and/or all awarded funds.
Adjustments to your financial aid will not be made until after the 12th class day.
- ____ I understand the Satisfactory Academic Progress (SAP) standards and further understand that I can not receive financial aid if I am not meeting these standards.
- ____ I agree to maintain the required normal academic work load toward the completion of my certificate and/or degree.
- ____ I understand that my transcript will be held until I have made full arrangements with the Lamar Institute of Technology Cashiers Office to repay all obligations incurred by me.
- ____ Students who attend colleges and/or universities other than Lamar Institute of Technology but choose to enroll for summer sessions at LIT will not be eligible for student financial assistance.
- ____ I authorize the Lamar Institute of Technology Office of Student Financial Aid to release any information concerning my records at LIT to any federal, state, institutional, or local organization or agency necessary for the administration of my award(s), processing of my application, and submitting required reports. I understand that this authorization will remain in effect unless revoked by me in writing to the LIT Office of Student Financial Aid. I further understand that in endorsing or approving applications for certain program(s) that I request, the LIT Office of Student Financial Aid accepts responsibility and has legal and contractual obligations for submitting subsequent reports as required by such institutions, agencies, or organizations and that when these commitments apply, this authorization cannot be revoked.
- ____ I understand that if I withdraw from college before 60% of the semester is completed, that I may owe Lamar Institute of Technology and the U.S. Department of Education a percentage of the financial aid funds that have been applied to my account. (A comprehensive version of the Return to Title IV policy is published in the LIT Academic Catalog.)
- ____ I understand that my Social Security Number (SSN) will be used to verify my identity as the applicant and as an account number in order to record necessary data accurately. As an identifier, your SSN is used in such program activities as: determining program eligibility; certifying school attendance and student status; determining eligibility for deferment or repayment; determining eligibility for disability or death claims; and for tracing and collecting in cases of delinquent or default loans.

Section 7a2 of the Privacy Act of 1974 provides that an agency may require disclosure of an individual's SSN as a condition for the granting of a right, benefit, or privilege, in order to verify the identity of an individual.

The policies and practices of LIT are in compliance with guidelines relative to the Privacy Act of 1974 (Pub. L.93-57).

In accordance with Leg. HB 1922, an individual is entitled to: request to be informed about the information collected about them; receive and review their information; and correct any information.

Return completed form to: **Lamar Institute of Technology
Office of Student Financial Aid**

**P.O. Box 10043
Beaumont, TX 77710**

Rev. April 05