ACTC OFFICE OF FINANCIAL AID E-Mail: ashland-financialaid@kctcs.edu	DATA SHEET 2012-2013

DATE:	

NAME		ACTC ID	

Completing this Data Form helps us to more accurately complete your financial aid.
Sign and return this form with any other requested documentation as soon as possible.

- **If you ARE planning to attend ACTC anytime during the 2012-13 academic year, please read and check the following statements, sign and return.**

☐ I understand that until my file is complete, I will receive no aid nor will my tuition or bookstore charge be guaranteed.

☐ I give ACTC's Office of Financial Aid permission to make appropriate corrections to my electronic and/or paper file to accurately determine my aid eligibility. You should not submit any further changes to your FAFSA once we have completed your file.

☐ I declare ACTC as my home school. I understand that I must remain in approved credential status, meaning that I am pursuing a certificate, diploma, AA/AS, or approved AAS program offered by ACTC.

☐ I understand that I must maintain Satisfactory Academic Progress (SAP) as defined by KCTCS to be eligible for financial aid.

☐ I will not be receiving any financial aid from any other school for the same academic year.

☐ I understand that KCTCS/ACTC provides me access to a free and secure e-mail account and that important information is sent through this secure e-mail system. I understand that I should monitor this e-mail and periodically clean out this box, as this is the primary way the Office of Financial Aid at ACTC will contact me.

☐ I understand that to be eligible to receive any financial aid that I must attend classes.
Note: Attendance is monitored and reported to the Office of Financial Aid before any aid is released.

☐ I understand that by accepting Title IV funds (grants and/or loans) that I must successfully complete my courses. According to Federal Financial Aid Regulations, failure to complete or withdrawing from courses could result in owing a portion of Title IV funds back.

Student Signature	Date

- **If you ARE NOT planning to attend ACTC during the 2012-13 academic year, please check the statement below, sign and return.**

☐ I do not plan to attend ACTC at anytime during the 2012-13 academic year. I do not need my financial aid file completed.

Student Signature	Date

Please see reverse side to complete your Financial Aid Release information.

FINANCIAL AID RELEASES
(FAR)

BOOKSTORE RELEASE

☐ **Yes** ☐ **No**

I hereby authorize Ashland Comm & Tech College deduct any and all indebtedness that
(PRINT OR TYPE YOUR COLLEGE NAME HERE)

I may have at the Barnes & Noble Bookstore from any type of financial assistance
(PRINT OR TYPE YOUR BOOKSTORE NAME HERE)
I might receive. In order to process the deductions, I consent to the release to the Bookstore of necessary Information from my student financial assistance records.

I understand that I am personally responsible for payment of all my bookstore charges in the event that my grant/scholarship/loan is revoked or does not cover the entire balance of my charges. I accept full responsibility for the repayment of my charges. I acknowledge that KCTCS will pursue collection of all outstanding accounts pursuant to its Business Procedures. Further, I acknowledge if my account becomes delinquent KCTCS may refer it to outside agencies for collection with the referral being subject to additional fees and costs.

I also understand that my purchases are subject to the established refund policies and guidelines of the bookstore.

Further, I acknowledge and hereby grant the college the right to apply any financial aid I may receive toward the payment of this note, including but not limited to PELL, SEOG, external or institutional scholarships, and/or student loans.

TITLE IV RELEASE

☐ **Yes** ☐ **No**

I hereby authorize all funds, including Title IV, to be used for the purposes of payment of any non-required institutional charges (if assessed); fees, library fines, parking fine, etc.

I hereby authorize all current year funds to apply to any minor prior year charges.

This is a voluntary authorization and you may refuse to authorize use of funds or rescind any or all provisions of the authorization at any time by contacting the financial aid office.

FERPA RELEASE

NOTE: ***Picture identification will be required before any personal student information is released. Personal student information cannot be divulged via phone or other electronic means.***

My Parents	☐ **Yes**	☐ **No**	**Parent's Name:** _____/_____
My Spouse	☐ **Yes**	☐ **No**	**Spouse's Name:** _____
Other	☐ **Yes**	☐ **No**	**Specify Relation:** _____ **Name:** _____

I hereby authorize the Financial Aid Office to provide requested information to the above indicated individuals:

_____ _____
Print or type Student's full name *EMPLID or SSN*

_____ _____
Student's Signature *Date*

KCTCS is an equal opportunity employer and education institution