

Financial Aid Intent / Adjustment Form 2009 Fall and 2010 Winter Semesters

Initial Request

Revised Request

Student Name _____ Valley ID # V _____

Phone _____ Date of Birth _____

Last High School Attended _____ H. S. Graduation Year Date _____

Please indicate which program(s) you are applying for:

<p>_____ Stafford Loan (Must complete back side of this form)</p> <p>_____ Trustee Achievement Scholarship</p> <p>_____ High School _____ EFE _____ Junior Achievement _____ Adult Ed</p> <p>_____ Trustee Incentive Scholarship</p> <p>_____ Kalamazoo Public Schools _____ Van Buren Intermediate School District</p> <p>_____ Tuition Incentive Program (TIP) (This program will pay tuition only, no fees, up to a maximum of 24 credit hours per academic year. If you reside in another community college district, TIP will only pay tuition at the current KVCC in-district tuition rate. You must be enrolled at least half-time to activate your TIP award. You must complete this Intent Form each semester)</p> <p>Indicate county and township you reside in: County _____ Township _____</p> <p>_____ State Indian Tuition Waiver (This program will pay tuition only, no fees. You must complete this Intent Form each semester)</p>	<p>_____ Work Study</p> <p>_____ Other _____</p>
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To assist the Financial Aid Office in determining the amount of your award for the above indicated financial aid program(s), with the exception of Stafford Loan and Work Study, please provide the following information.

Enrollment Status: Indicate the total number of credit hours you will register for in each of the following semesters listed below. **Note: Trustee Achievement Scholarships are only awarded for the fall semester.**

2009 Fall Semester - Number of Credits _____ 2010 Winter Semester - Number of Credits _____

Residency Status: 2009 Fall Semester In-District Out-District
2010 Winter Semester In-District Out-District

Fee Information: You must notify the Financial Aid Office of any fees associated with your classes.
Fall Semester \$ _____ Winter Semester \$ _____

Student Signature _____ **Date** _____

We encourage you to become familiar with KVCC's Valley Information Portal (VIP) system. This will enable you to check your financial aid information periodically through VIP for any changes to your financial aid eligibility.

Financial Aid Office Use Only

	Tuition	Fees	Total		Tuition	Fees	Total
Fall	_____	_____	_____	Winter	_____	_____	_____

Processed by: _____ **Date** _____

Federal Stafford Loan

Initial Loan Request

I did not indicate on the FAFSA that I was interested in a student loan, but now I would like to **apply** for a loan.

Loan Adjustments

I want an additional \$ _____.

Federal **Subsidized** Stafford Loan

Federal **Unsubsidized** Stafford Loan

All requests for additional funds will use the original loan period and original lender.

I want to **increase** my loans because my grade level has changed from freshman (0-23 credits) to sophomore (24 or more credits).

I want to **reinstate** my Federal Stafford Loans. I previously reduced or cancelled my loan(s) and now wish to borrow up to my maximum eligibility.

I want to **reduce** my loans. The total amount I am now requesting for the year is:

Federal **Subsidized** Stafford Loan \$ _____

Federal **Unsubsidized** Stafford Loan \$ _____

I want to **cancel** the unpaid amount of loans for the following semesters:

Federal **Subsidized** Stafford Loan Fall Winter Summer

Federal **Unsubsidized** Stafford Loan Fall Winter Summer

Student Signature _____

Date _____

We encourage you to become familiar with KVCC's Valley Information Portal (VIP) system. This will enable you to check your financial aid information periodically through VIP for any changes to your financial aid eligibility.

Kalamazoo Valley Community College
 Financial Aid Office — Texas Township Campus — Room 4530 — 6767 West O Avenue
 P.O. Box 4070 — Kalamazoo, MI 49003-4070 — Phone: 269-488-4340 — Fax: 269-488-4120
 E-mail address: finaid@kvcc.edu — Web site: www.kvcc.edu

Office Use Only

Comment Letter

Previous SUB award \$ _____

Date Processed _____

Previous UNSUB award \$ _____

Budget	_____	Grade Level _____	SAP: Good Prob Term
Aid	- _____	Dependency Status: Indep. <input type="checkbox"/> Dep. <input type="checkbox"/>	
EFC	- _____	Over 6 Credits _____ / _____	
Unmet Needs =	_____	Subsidized _____	Unsubsidized _____