



Student Name: _____
Last Name First Name/MI Student ID

Instructions: Print, review each section, initial, sign, and submit this form along with ALL required documents requested through your MyCGCC student portal. Find additional financial aid forms at www.cgcc.edu/financial-aid/forms. Please allow up to 6 weeks for processing. You will be notified via your student email when your Award Offer is ready to view.

CGCC will review your academic progress for aid eligibility. To learn what you must do to maintain eligibility until you graduate, see the Satisfactory Academic Progress Policy at www.cgcc.edu/financial-aid/resources.

Indicate your enrollment level each term. If left blank, full-time enrollment will be assumed.

	Summer 2021	Fall 2021	Winter 2022	Spring 2022
Full Time (12 or more credits)	_____	_____	_____	_____
Three-Quarter Time (9-11 credits)	_____	_____	_____	_____
Half Time (6-8 credits)	_____	_____	_____	_____
Quarter Time (1-5 credits)	_____	_____	_____	_____

Prior to posting awards to accounts, aid will be adjusted to match enrollment levels the week before the term starts and after the first Friday of the term. You may owe a repayment if you stop attending or completely withdraw.
 Initial Here acknowledging you've read the above statement: _____

List all the types of additional resources as well as the estimated amounts you will receive in 2021-22.
Examples: scholarships, Employment Department, Vocational Rehab, BIA, Tribal, Tuition Waivers, Etc.

Type _____ Estimated Amount \$ _____
 Type _____ Estimated Amount \$ _____

If NONE, initial Here _____

SUBMIT this form and ALL REQUIRED DOCUMENTS by uploading them to your MyCGCC Student Portal. You may also email the documents to financialaid@cgcc.edu, fax the documents to (877) 368-6370, or mail the documents to CGCC Financial Aid Office at 400 East Scenic Drive, The Dalles, OR 97058.

By signing this form, you authorize CGCC to apply your financial aid that exceeds your tuition and fees (your change) toward your other charges such as library and CGCC Bookstore Charges.
 If you want to decline this authorization, initial here. _____

Student Signature: _____ Date: _____