

EAST ARKANSAS COMMUNITY COLLEGE  
STUDENT DATA FORM  
2011-2012

**STUDENT INFORMATION:**

NAME \_\_\_\_\_ SS# \_\_\_\_\_  
 (LAST) (FIRST) (MIDDLE)  
 ADDRESS \_\_\_\_\_ DOB \_\_\_\_\_  
 STREET & NUMBER CITY STATE ZIP

LIST THE NAMES OF ALL THE COLLEGE (UNIVERSITIES) AND POST SECONDARY SCHOOLS PREVIOUSLY ATTENDED. YOU MUST SUBMIT A FINANCIAL AID TRANSCRIPT FROM EACH INSTITUTION EVEN IF YOU DID NOT RECEIVE FINANCIAL AID.

College Name	City	State	Attended	Degree	Fin. Aid
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Expected class status for 2011-2012: \_\_ Incoming freshman \_\_ Cont. Freshman \_\_ Soph. \_\_ Junior \_\_ Senior \_\_ Transfer student \_\_ Graduate/Prof.  
 College Major: \_\_\_\_\_ Anticipated graduation date \_\_\_\_\_  
 List any special skills or aptitudes (clerical, typing, data processing, etc.) \_\_\_\_\_

Previous Employment (most recent jobs):

Employer/Type of Work	From (mo/yr)	To (mo/yr)	CWS job (Y/N)
_____	_____	_____	_____

**DEPENDENT STUDENTS:**

<input type="checkbox"/> Father _____	<input type="checkbox"/> Mother _____
<input type="checkbox"/> Stepfather name _____	<input type="checkbox"/> Stepmother name _____
<input type="checkbox"/> Guardian _____	<input type="checkbox"/> Guardian _____
address _____	address _____
city _____ state _____	city _____ state _____
zip code _____ phone _____	zip code _____ phone _____

Dependents of above/age \_\_\_\_\_ Dependents of above/age \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**INDEPENDENT STUDENTS:**

Married Students (or single with dependents)  
 Spouse's Name: \_\_\_\_\_ Age \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_  
 Spouse's monthly gross earnings at time award will be used \$ \_\_\_\_\_  
 List your children and other dependents:

NAME	AGE	RELATIONSHIP	COLLEGE (least 1/2 time)
_____	_____	_____	_____

**UNUSUAL CIRCUMSTANCES**

\_\_\_\_\_  
 \_\_\_\_\_

\*\*\*\*\*

I certify that I have received a copy of the East Arkansas Community College Satisfactory Academic Progress Policy. I have read and understand the academic progress requirements as a condition of my receiving financial aid.

Signature \_\_\_\_\_ Social Security Number \_\_\_\_\_ Date \_\_\_\_\_

**FINANCIAL INFORMATION:**

List public/private assistance you expect to receive during term (s) financial aid is desired:

JTPA _____	\$ _____	VET/WAR ORPHAN _____	\$ _____
SCHL. _____	\$ _____	ALIMONY _____	\$ _____
SOC.SEC. _____	\$ _____	OTHER INCOME _____	\$ _____
VOC. REHAB. _____	\$ _____	LOW INC. HOUSING _____	\$ _____

TYPE OF FINANCIAL AID DESIRED: \_\_\_ Pell (basic) Grant \_\_\_ College Work-Study \_\_\_ Ark. State Schl. \_\_\_ SEOG \_\_\_ (GSL)  
Loan \_\_\_ Nursing Student Schl. \_\_\_ Health Prof. Loan \_\_\_ Other Scholarships (Specify) \_\_\_\_\_

PLEASE BE AWARE THAT DUE TO FEDERAL REGULATIONS, YOU MAY BE REQUIRED TO PROVIDE THE OFFICE OF FINANCIAL AID WITH ADDITIONAL INFORMATION PERTAINING TO YOUR APPLICATION FOR ASSISTANCE (i.e., A COPY OF YOUR AND/OR YOUR PARENT’S’ 2010 FEDERAL INCOME TAX RETURN).

**AUTHORIZATION**

I certify that the information provided on this form is true. I will notify the EACC Office of student financial Aid of any changes in my financial situation including additional funding received from outside agencies. I understand that failure to provide complete and accurate information will delay the processing of my financial aid application, and could result in the termination of financial aid benefits.

APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

STATEMENT OF UPDATED INFORMATION  
(IF APPLICABLE)  
2011-2012

- |   |   |
|---|---|
| <input type="checkbox"/> I certify that I am registered with the selective service                | (NOTE; DOES NOT APPLY TO MEMBERS OF THE RESERVES  |
| <input type="checkbox"/> I certify that I am not required to be registered with selective service | <input type="checkbox"/> I have not reached my 18 <sup>th</sup> birthday  |
| <input type="checkbox"/> I am a female  | <input type="checkbox"/> I was born before 1960   |
| <input type="checkbox"/> I am in the armed services on active duty                                | <input type="checkbox"/> I am a citizen of the federated States of Micronesia ,<br>Or the Marshall Islands, or a permanent resident of the trust of the Pacific Islands (Palau) |

STATEMENT OF EDUCATIONAL PURPOSE/CERTIFICATION STATEMENT  
OF REFUNDS AND DEFAULT

I 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 EAST ARKANSAS COMMUNITY COLLEGE.

WARNING: TO RECEIVE ANY TITLE IV FINANCIAL AID, ITEMS INDICATED IN THE STATEMENT OF UPDATED INFORMATION MUST BE CURRENT INFORMATION, YOU MUST COMPLETE THE STATEMENT OF EDUCATIONAL PURPOSE/CERTIFICATION STATEMENT ON REFUNDS AND DEFAULT, AND YOU MUST BE REGISTERED WITH SELECTIVE SERVICE, IF YOU ARE REQUIRED TO REGISTER. IF YOU PURPOSELY GIVE FALSE OR MISLEADING INFORMATION, YOU MAY BE SUBJECT TO A FINE OF UP TO \$10,000, IMPRISONMENT FOR UP TO 5 YEARS OR BOTH.

ANTI-DRUG ABUSE ACT CERTIFICATION  
(TITLE IV FUNDS)

I certify that, as a condition of my Title IV Funds, I will not engage in the unlawful manufacture, distribution, dispensation, possession or use of a controlled substance during the period of my Title IV Funds, and if I am convicted of a drug- related offense committed during that period, within ten days after my conviction, I will report it in writing together with my full name and social security number to: Director, grants and Contracts Service, U.S. Department of Education, Washington, D.C., 20202-4571.

\_\_\_\_\_  
SIGNATURE DATE

**School Copy-Return to EACC**  
**EAST ARKANSAS COMMUNITY COLLEGE**  
**SATISFACTORY ACADEMIC PROGRESS**

**GPA REQUIREMENTS:**

ACADEMIC PROCESS CHART	SEMESTER CREDIT HOURS	GRADE POINT AVERAGE
	19 - 30	1.55
	31 - 45	1.70
	46 - 60	1.85
	61 and above	2.00

A student's GPA is reviewed by the Financial Aid Director at the end of each semester to establish his/her eligibility to continue to receive financial aid. Once a student fails to meet the above grade requirements, he/she is no longer eligible to receive financial assistance. Even though a student is permitted to re-enroll after suspension this does not mean automatic reinstatement of financial aid when the minimum GPA is met, financial aid will be restored.

**APPEAL  
PROCEDURE**

Any student wishing to appeal the decision of the Director of Financial Aid may do so only in writing to the Appeals Committee. The appeal committee will review and determine whether the Financial Aid probation/suspension is justified. The student will be advised in writing by the committee of the decision and recommendation. The appeal committee will consider exceptions to the Satisfactory Academic Progress Policy on an individual case-by-case basis where extenuating circumstances exist that are fully documented such as: (1) Illness; (2) Death in the family; (3) Financial hardship; (4) Injury; (5) A change in student's objectives or; (6) A returning student, taking into account how long ago the previous enrollment occurred.

**Fresh Start**

Students who have not been enrolled in any institution of higher education for a minimum of five years will be eligible for "Fresh Start". This means that a student may appeal after five years, and if approved may be awarded financial aid if eligible. The student must also earn and maintain a minimum GPA of 2.00 each semester.

**Stop Attending  
Classes**

Students who do not complete at least 60% of the semester, those who withdraw unofficially, officially, or stop attending, may be required to pay back a portion of their financial aid.

I have read and understand the above academic requirements as a condition to my receiving financial aid.

Signature

Social Security Number

Date

EAST ARKANSAS COMMUNITY COLLEGE  
STUDENT AID  
SATISFACTORY ACADEMIC PROGRESS POLICY

Federal and State Regulations require that students receiving financial aid must maintain satisfactory academic progress.

General Academic Requirements:

ELIGIBILITY REQUIREMENT	Only students seeking a degree or technical certificate are eligible to receive financial aid.
AWARD PROCEDURE COMPLETION	Financial Aid is initially awarded based on the number of the semester hours enrolled. Students receiving financial aid <u>must</u> complete 50% of course enrolled each semester in order to comply with the "Cumulative course completion rate".
PROBATIONARY PERIOD	Students who fall below the 50% completion rate will be placed on financial aid probation for one semester. If during this semester the student satisfies the 50% completion rate with a GPA of 2.00, the student is eligible to receive financial aid for the next semester, but will remain on financial aid probation unless cumulative GPA meets the required academic progress.
TRANSFER STUDENTS	Transfer students must have their official transcript on file in the registrar's office prior to receiving financial aid. Students who have been denied financial aid at another post-secondary institution due to unsatisfactory academic progress will also be denied financial aid at EACC, until their cumulative GPA meets EACC's academic progress policy.
EARLY WITHDRAWAL REPAYMENT	Students withdrawing from the college prior to receiving and completing the appropriate financial aid forms will be required to repay all the charges to the college.
DEVELOPMENTAL LIMITATION TIME FRAME	Students are limited to 30 semester hours of developmental classes. The maximum time a student may receive financial aid to complete a degree is 3½ years.

**RELEASE OF STUDENT INFORMATION AUTHORIZATION FORM**  
(Act 605 of 2009)

A student who receives any form of state-supported student financial assistance, as defined by Act 605 of 2009, must sign this form indicating whether he/she authorizes the Department of Higher Education and/or EAST ARKANSAS COMMUNITY COLLEGE to release his/her individual personal information listed below to the Bureau of Legislative Research.

(If a student is under the age of eighteen years old and is not legally emancipated, a parent or legal guardian shall complete and sign the authorization form.)

For each student who authorizes the release of his/her individual personal information, the Bureau of Legislative Research will receive the following information:

1. A unique student identifier;
2. Status for Federal Pell grant;
3. Postsecondary grade point average;
4. Number of semester hours attempted;
5. Number of semester hours completed;
6. Gender, race, ethnicity, and age;
7. High school graduated from or General Educational Development test score;
8. High school grade point average; and
9. ACT score or ACT equivalent score, if available;
10. Academic progress information.

The Bureau of Legislative Research will collect this information for statistical analyses that will assist the Arkansas General Assembly in evaluating whether scholarships should be increased in number or amount, the need to change eligibility requirements, and the need for other changes to state-supported student financial assistance.

The Bureau of Legislative Research will not receive or release a student's name, social security number, or a student's or parent's income information.

**A decision to authorize or not to authorize the release of this information to the Bureau of Legislative Research WILL NOT impact a student's eligibility for state-supported student financial assistance, including the lottery-funded scholarship known as the Academic Challenge Scholarship.**

Please check one of the following indicating your authorization, or your decision not to authorize, the release of the individual personal information described above to the Bureau of Legislative Research.  
**ONLY ONE SIGNATURE IS REQUIRED BELOW.**

I **authorize / do not authorize (CIRCLE ONE)** the Arkansas Department of Higher Education and/or EAST ARKANSAS COMMUNITY COLLEGE to release my individual personal information to the Bureau of Legislative Research.

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Social Security Number**

\_\_\_\_\_  
**Signature of Student**

(if eighteen years old or older or is legally emancipated at the time of award acceptance for state-supported student financial assistance)

\_\_\_\_\_  
**Date Signed**

\_\_\_\_\_  
**Signature of Student's Parent**

(if student is under eighteen years old and is not legally emancipated)

\_\_\_\_\_  
**Date Signed**

**East Arkansas Community College**

**Financial Aid Office**

***Consent Form***

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

I, \_\_\_\_\_, give my permission to  
(please print name)

the EACC Financial Aid Office to discuss attendance, performance, class activities, grades, financial aid and /or other information with the following individuals:

\_\_\_\_\_ (please print name) \_\_\_\_\_ (relationship)

\_\_\_\_\_ (please print name) \_\_\_\_\_ (relationship)

\_\_\_\_\_ (please print name) \_\_\_\_\_ (relationship)

I, \_\_\_\_\_, must be present during discussion.

I, \_\_\_\_\_, may not be present during discussion.

Social Security Number: \_\_\_\_\_

Signature: \_\_\_\_\_

East Arkansas Community College  
1700 Newcastle Road  
Forrest City, AR 72335  
(870)-633-4480

**Student Copy-Keep for Your Records**  
**EAST ARKANSAS COMMUNITY COLLEGE**  
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