Community Grant Recommendation Form

(Please submit completed form to MCC Financial Aid Central Office address above, or fax 402-933-8437, or e-mail scanned form to communitygrants@mccneb.edu.)

Recommender MUST complete and SIGN form. Recommendation *will not be processed* if student completed form.

Agency/MCC Department name making recommendation:

Recommender:

Recommender E-mail: Phone:

Student information for recommendation (complete all known fields):

Name: MCC ID or date of birth:

Current address:

Phone: Previous MCC student (Y or N)?

Educational goal:

Reason for recommendation:

Requested quarter: Year\_\_\_\_\_\_\_\_ SUMMER \_\_\_\_ FALL \_\_\_\_ WINTER \_\_\_\_ SPRING \_\_\_\_

Amount recommended ($25–$1,000):

Select one:

* Amnesty Grant: Assists students who left MCC and owe a balance at least 1 year old. Students will be allowed to register for the next available quarter, but *must pay off their previous balance by the end of the first quarter they return to MCC*. The Amnesty Grant will be equal to 50 percent (50%) of the balance owed and will be *applied after student has paid off balance in-full*. Student needs to complete current year FAFSA, have an eligible SAP status, and balance cannot be a Return to Title IV fund, or for unreturned books, to be considered for the grant.
* Fresh Start Grant: Assists students who have had academic or environmental challenges in transitioning to college. Have 24 credits or less to gain back financial aid eligibility.

* MCC Opportunity Grant: Assists students who may not otherwise qualify for financial aid or another funding source.
* MCC Completion Grant: Assists students who have exhausted their funding resources and have less than 24 credits to complete their associate degree at MCC. Must complete current academic year FAFSA.
* Hardship Grant: Provides one-time assistance for currently enrolled students, experiencing unexpected financial hardship.

Recommender Signature Date

*I hereby verify that the above information is true and correct to the best of my knowledge and belief.*

Office use only:

|  |  |  |  |
| --- | --- | --- | --- |
| Review Date | Approve/Denied | Process Date | Notice/Letter Sent  |
|  |  |  |  |
| Program | Catalog Year | FAFSA  | Prior Balance | Term Owe | SAP Status | SAP Appeal  |
|  |  |  |  |  |   |  |
| STRK Note | Notify Recommender | Track | MS | LS | Student Acceptance Received  |
|  |  |  |  |  |  |