Financial Aid Special Grants Recommendation Form

(Please submit completed form by scanning and submitting via e-mail to FinancialAidSpecialGrants@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 more than 1 year prior and owe a balance from a prior academic year term. The Amnesty Grant will be equal to 50 percent (50%) of the balance owed up to the maximum of $1000 and will be applied after the student has paid 50% of the previous balance plus any excess amount owed above the maximum grant amount. Students will not be allowed to register for the next available quarter until payment of their previous balance obligation under the grant is made to the Student Accounts Office in order to have the hold removed.

☐ 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.

☐ Finisher Grant: Assists students who have exhausted their funding resources and have less than 24 credits to complete their associate degree at MCC. Must have completed current academic year FAFSA.

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:

<table>
<thead>
<tr>
<th>Review Date</th>
<th>Approve/Denied</th>
<th>Process Date</th>
<th>Notice/Letter Sent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program</td>
<td>Catalog Year</td>
<td>FAFSA</td>
<td>Prior Balance</td>
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<tr>
<td>STRK Note</td>
<td>Notify Recommender</td>
<td>Track</td>
<td>MS</td>
</tr>
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04/01/2019

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