

Anticipated IWCC program of study: _____

IWCC Campus/Center you will attend: ATLANTIC CLARINDA COUNCIL BLUFFS HARLAN

For each term, please check your expected enrollment status. One class is usually 3 credit hours.

	12 hrs or more	9-11 hrs	6-8 hrs	3-5 hrs	less than 3 hrs
Fall 2008	'	'	'	'	'
Spring 2009	'	'	'	'	'
Summer 2009	'	'	'	'	'

Estimated graduation date from IWCC: _____

Please check all sources of assistance you have applied for and the yearly amounts if known:

VA Benefits \$ _____ Voc Rehab \$ _____ ' Stars \$ _____

Scholarship \$ _____ Promise Jobs \$ _____

Workforce Development \$ _____

Employer Reimbursement \$ _____

' Other agency funding (please list): _____

Satisfactory Academic Progress

I am aware that I must maintain a cumulative grade point average (GPA) of 1.75 and must successfully complete the minimum number of hours at the enrollment level for which I received financial aid to ensure continuation of financial aid. I am also aware that I must complete my program within a 150 percent time frame of the published length of the program. I also understand that a 2.00 GPA is required for graduation from any program. Failure to meet these standards may result in the termination of my financial aid eligibility at IWCC.

Use of Financial Aid Funds

I certify that I will use all Federal and State financial aid only for related educational expenses as defined by my cost of attendance at Iowa Western Community College.

Release of Other Fees

I authorize Iowa Western Community College to use my financial aid funds to pay for institutional costs other than tuition and fees. This includes charges at the bookstore, day care center, on-campus housing, meal plans, parking and library fines. I also authorize IWCC to use my 2008-09 financial aid to pay any minor charges up to \$100, which may be remaining from previous attendance. I understand that this authorization can be rescinded at any time by submitting a written request to the Financial Aid Office.

Student Signature

Date