



2011 - 2012

LAMAR STATE COLLEGE-PORT ARTHUR
FINANCIAL AID APPLICATION



STUDENT INFORMATION

Name (BLACK OR BLUE INK ONLY) SSN

Permanent Address Street City State Zip

Phone Number () Alternate Phone Number ()

E-Mail Address Date of Birth

List the names of all colleges, universities, and proprietary schools attended: (You can only receive aid from one school per enrollment period.)

Name From To

Name From To

Name From To

Are you going to attend LSC - PA for Fall 2011 Spring 2012 Summer I 2012 Summer II 2012

List the names, addresses, and telephone numbers of TWO people who will always be able to contact you (must be different than your address, and not all the same address):

Name Relationship Number & Street City State Zip Telephone Number

Name Relationship Number & Street City State Zip Telephone Number

PRIORITY DATES: April 1, 2011 Fall 2011/Spring 2012
April 1, 2011 Fall 2011 Semester Only
October 1, 2011 Spring 2012 Semester Only
April 1, 2012 Summer 2012 (2012-2013 Financial Aid must be complete)

Student having turned in all correct documents and completed the FASFA by the above dates will be processed first.

CERTIFICATION STATEMENT

I HEREBY CERTIFY THAT I HAVE READ AND UNDERSTAND THE FOLLOWING:

- 1. I am enrolled or have been accepted at Lamar State College - Port Arthur for the period that aid is requested.
2. I have read and understand the steps I must follow to apply for financial aid at LSC-PA as provided in the Student Financial Aid Checklist for 2011-2012.
3. I will inform the Office of Student Financial Aid at LSC-PA of any additional assistance I will receive during the application period.
4. I cannot receive aid simultaneously from two separate colleges or universities for the same enrollment period.
5. I have read and understand the Satisfactory Academic Progress Policy (included as an insert with application) pertaining to my eligibility and/or continued eligibility for financial aid.

6. I understand that if I withdraw from LSC-PA prior to the 60% point of any semester that I will have to reimburse the college and/or Department of Education for federal (Title IV) financial aid received in excess of "earned" financial aid as determined by the Return of Title IV Funds calculations under the Higher Education Act of 1965, as amended (HEA), by the Higher Education Amendments of 1998 (Public Law 105-244, enacted October 7, 1998).
7. I understand that aid awarded is based on full-time attendance. Less than full-time attendance will result in decreasing or elimination of awarded funds.
8. I understand that I may be subject to repayment of a prorated amount of payments made which cannot reasonably be attributed to meeting the educational expenses related to the attendance at this institution.
9. I will maintain the required normal academic work load toward the completion of a certificate and/or degree.
10. I give permission to Lamar State College - Port Arthur to apply any and all financial aid to pay for any institutional charges above and beyond tuition and fees. This authorization will remain in effect unless revoked by me in writing to the Office of Student Financial Aid.
11. The information contained in this application for financial assistance is true and correct to the best of my knowledge.
12. I will keep Records Office and Office of Student Financial Aid informed of any changes in my current address and telephone number.
13. I understand that my academic transcript will be held until I have made full payment with the Finance Office to repay all obligations incurred to me.
14. The policies and practices of Lamar State College - Port Arthur are in compliance with guidelines relative to the "Privacy Act of 1974" (Pub. L. 93-579). I authorize the Office of Student Financial Aid to release any information concerning my records at Lamar State College - Port Arthur to any federal, state, institutional, or a local organization or agency necessary for the administration of my award(s), processing of my application(s), and submitting required reports. I understand that this authorization will remain in effect unless revoked by me in writing to the Office of Student Financial Aid. I further understand that in endorsing or approving application(s) for certain program(s) of the Office of Student Financial Aid accept responsibility and has legal and contractual obligations for submitting subsequent reports as required by such institutions, agencies, or organizations and that when these commitments apply, this authorization cannot be revoked.
15. I understand that my Social Security Number (SSN) will be used to verify the identity of the applicant, and as an account number in order to record necessary data accurately. Section 7(a)(2) of the Privacy Act of 1974 provides that an agency may require disclosures of an individual's SSN as a condition for the granting of a right, benefit, or privilege in order to verify the identity of an individual. As an identifier, the SSN is used in such program activities as: determining program eligibility; certifying school attendance and students status; determining eligibility for deferment or repayment; determining eligibility for disability or death claims; and for tracing and collecting in cases of delinquent or defaulted loans.
16. I understand that in addition to this form, I must also complete a need analysis document (i.e. FAFSA) in order to apply for need-based financial assistance.
17. I will keep the Office of Student Financial Aid informed of any changes in my schedule (drops or withdrawals).
18. **Students in attendance at other colleges who enroll only for summer or mini session may not be eligible for student financial assistance.**
19. I give permission to make corrections to my Free Application for Federal Student Aid as necessary.
20. I certify that any financial aid allocations I receive beyond required tuition and fees are to be used for educational purposes.

STATEMENT OF ANTI-DRUG ABUSE

WARNING!! As more fully set forth in the Higher Education Act of 1965, as amended (HEA), by the Higher Education Amendments of 1998 (Public Law 105-244, enacted October 7, 1998) (1998 Amendments), §668.40, if you are convicted of drug distribution or possession, your eligibility for Title IV student financial aid is subject to suspension or termination.

Signature _____

Date _____

Mail this application to:
Office of Student Financial Aid
Lamar State College-Port Arthur
P.O. Box 310
Port Arthur, TX 77641-0310

Complete FAFSA ONLINE at
www.fafsa.ed.gov

Register for PIN w/FAFSA at:
www.pin.ed.gov

Hours of Operation:

Monday, Tuesday, Thursday & Friday
8:00 a.m. to 5:00 p.m.

Wednesday
8:00 a.m. to 6:00 p.m.

Physical Address: 1520 Procter Street, 3rd Floor Student Center Building

For assistance in answering financial aid questions, inquiries, or clarification
(409) 984-6203 or (800) 477-5872 ext. 6203

Website address: www.pa.lamar.edu