



# 2018-2019 Additional Information Form

Office of Financial Aid  
1480 Nashville Pike  
Gallatin, TN 37066  
Fax: (615) 230-3487  
financial.aid@volstate.edu

Name: \_\_\_\_\_ Vol State ID #: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

## I must maintain Satisfactory Academic Progress as follows:

I must stay on PACE to graduate (pass 67% of all hours attempted including transfer hours). I must maintain the required GPA as stated in the official SAP rules. I will only receive assistance until I have attempted 150% of the hours required to graduate for my degree. I will not receive assistance until all prior college transcripts have been received and evaluated. The complete SAP rules can be found online at [www.volstate.edu](http://www.volstate.edu).

\_\_\_\_\_ **By initialing here, I understand maintaining Satisfactory Academic Progress is mandatory.**

## Establish Course Participation.

If I never establish attendance in a class, I will be deemed as ineligible for funding and will be required to repay a portion or all of my federal funding. If I am enrolled in online courses, I must engage in the course in order to establish attendance.

I understand that before I drop a class or totally withdraw from the semester, I should first consult the Financial Aid Office to ensure that I understand the results of a change in enrollment status.

\_\_\_\_\_ **By initialing here, I understand attendance is mandatory.**

## Incarceration

Are you or will you be incarcerated (in jail or prison) at any time from July 1, 2018 to June 30, 2019?

Yes \_\_\_\_\_ or No \_\_\_\_\_ If YES then please complete the following information:

Name and address of institution: \_\_\_\_\_

Dates of incarceration: \_\_\_\_\_

## Authorization

**I AUTHORIZE (Initial here) \_\_\_\_\_ OR I do NOT AUTHORIZE (Initial here) \_\_\_\_\_**

VSCC Business Office to deduct all charges that I incur through the institution from my Federal Title IV funds. These charges include, but are not limited to tuition, fees, books, as well as library fees, non-attendance repayments, fee's not covered by CPOS, and prior year charges (up to \$200) as long as these charges do not and will not prevent me from paying my current educational costs. By signing below, I understand that I may, at any later date, rescind or modify this authorization. Please sign and return this form to the Financial Aid Department.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

15723-1049 Volunteer State Community College does not discriminate against students, employees or applicants for admission or employment on the basis of race, color, religion, creed, national origin, sex, sexual orientation, gender identity/expression, disability, age (as applicable), status as a protected veteran, genetic information, or any other legally protected class with respect to all employment, programs and activities sponsored by Volunteer State Community College. The following person has been designated to handle inquiries regarding non-discrimination policies: Manager of Employee Relations & Equity, 1480 Nashville Pike, Gallatin, TN 37066, 615-230-3592, [eeo@volstate.edu](mailto:eeo@volstate.edu). Visit [volstate.edu](http://volstate.edu) for full policy.