

## OFFICE OF FINANCIAL AID AND VETERANS AFFAIRS 2024-2025 Institutional Application for Aid

NAME:	Student ID#:		<del></del>
This document is mandatory and	must be completed and uploaded to your Self Servi	ice portal.	
Please provide your email addres	s:		
This email address will be used to	*IMPORTANT MESSAGE* send important messages regarding your Financial	Aid until vo	u are assianeo
	nail address. It is important to contact our office if yo e-mail address.	•	_
Question		Yes	No
Do you have an Associate's Deg	ree?		
Are you a <b>New Jersey Stars</b> student? Students must be in the top 15% of their (2022 graduate or greater) high school class to have been considered. You will be required to submit a <b>high school transcript</b> to the Admissions Office if you indicate " <b>Yes</b> ".			
Are you interested in receiving f program?	inancial aid through our college work-study		
students who have financial need schedule. Where possible, Atlar their major course of study, into Work Study Award, you are being	y Program (FCWSP) provides part-time jobs to ed. The work schedule is built around the class atic Cape places students in jobs that relate to erest, and skills. As a recipient of a Federal ang given a unique opportunity to gain practical ar college education. For more details, work-study.php		

\*A physical electronic signature is required. A typed or script signature will not be accepted. By signing this application, you agree to allow Atlantic Cape Community College the right to mail any or all correspondence to the email address you listed until you are assigned your Atlantic Cape Buccaneer email.

Student Signature: \_

Date:

It is the student's responsibility to check all Atlantic Cape assigned emails for important information. Failure to read correspondences could result in ineligibility.