



Health Careers Program Fee Assistance Application

This application is for assistance with parking and other unforeseen course/clinical expenses. Funding may be provided in full or in part at the discretion of MCC Foundation towards unpaid balances only. Reimbursement for expenses paid out-of-pocket or covered by other funding sources will not be considered. This application does not cover outstanding tuition balances. Students in need of tuition assistance must fill out a Foundation Scholarship Application by going to manchestercc.edu/scholarships.

Complete this application, sign, date, attach a copy of your current semester billing statement (obtained from the Bursar's office), have authorized personnel from Financial Aid or Bursar's office sign this application confirming your need for financial assistance, and return completed application to Student Services Center, L231. Incomplete applications will not be considered. Questions, call 860-512-2909 or email dreid@manchestercc.edu.

PROGRAM

Program of study. Dental Health and Exercise Science Radiation Therapy Radiography Respiratory Care Occupational Therapy Surgical Technology

Please select assistance needed (outstanding tuition balances will not be considered)

Parking Pass; number of months needed _____ Amount Needed _____

Other unforeseen course/clinical expenses (i.e. fingerprinting, background check, etc.) Please Describe _____ Amount Needed _____

Briefly explain why assistance is needed

APPLICANT INFORMATION

First Name	MI	Last Name	Banner ID
Street Address			Apt. #
City		State	Zip
Phone		Email	
Date of Birth	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to identify	Are you an international student? <input type="checkbox"/> Yes <input type="checkbox"/> No	Work status <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Unemployed <input type="checkbox"/> MCC Work Study Student

ACADEMIC INFORMATION

I am attending MCC as a <input type="checkbox"/> Full-time student (12 or more credits) <input type="checkbox"/> Part-time student (less than 12 credits)	Credits earned to date	Anticipated graduation date
Is this your first semester? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you receive financial aid? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, do you receive the Pell Grant? <input type="checkbox"/> Yes <input type="checkbox"/> No

FINANCIAL AID OR BURSAR RECOMMENDATION REQUIRED

Please obtain the signature of an authorized individual from the Financial Aid or Bursar's office who can confirm your need for financial assistance.

Signature	Printed Name	Date
Email	Phone Extension	

REQUIRED

I have carefully read and completed the application and, to the best of my knowledge, the above information is true and correct. I understand that this application will be kept confidential and I give permission to Financial Aid or Bursar personnel who provided recommendation to discuss my application and financial needs with the MCC Foundation/Institutional Advancement staff. Please note: Funds are disbursed as they become available. We regret that not all requests will be granted.

Applicant Signature	Applicant Printed Name	Date
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