

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

NAME:	Student ID#:		
This document is mandatory and must b	e completed and uploaded to your Self Servic	ce portal	
Please provide your email address:			
	IMPORTANT MESSAGE		
This email address will be used to send in	mportant messages regarding your Financial A	Aid until vo	ou are assianed
	dress. It is important to contact our office if yo		
	<u>e-mail address.</u>	•	
Qı	uestion	Yes	No
Do you have an Associate's Degree?			
Are you a <u>New Jersey Stars</u> 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 <u>high school transcript</u> to the Admissions Office if you indicate "Yes".			
Are you interested in receiving financia program?	al aid through our college work-study		
students who have financial need. The schedule. Where possible, Atlantic Cap their major course of study, interest ar	nd skills. As a recipient of a Federal Work ique opportunity to gain practical work ucation. For more details,		
	d. A typed or script signature will not be accept		

*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.

It is the student's responsibility to check all Atlantic Cape assigned emails for important information.

Failure to read correspondences could result in ineligibility.