



Lassen Community College
 Financial Aid Office
 P.O. Box 3000
 Susanville, CA 96130

2025-2026 Financial Aid Agreement

PRINT ALL INFORMATION NEATLY IN BLUE OR BLACK INK ONLY. DO NOT USE WHITEOUT.

To receive financial aid, you must complete and return this form with all other documents requested by the Financial Aid Office. Incomplete forms will be returned to you and will delay awarding your financial aid.

Last Name	First Name	MI	Student ID #
Date of Birth			Student's Phone #

GENERAL

Please read and initial each line.

- _____ I understand that lifetime eligibility for Pell Grant is limited to 12 full time semesters or the equivalent of 600% of my scheduled awards.
- _____ I am responsible for meeting with a counselor to determine my educational program and develop an education plan; transfer units should be evaluated by a LCC counselor to determine applicability to my education plan.
- _____ I will use Financial Aid funds for educationally related expenses only (tuition & fees, books & supplies, room & board, etc.).
- _____ I understand that I **MUST** use my student ID# and show a valid form of ID in order to obtain my Financial Aid information.
- _____ I understand that it is my responsibility to check my Cougar email to keep updated on my status and I will use my Student Portal to see where I am at in the financial aid process.
- _____ Lassen College complies with the Family Education Rights & Privacy Act (FERPA) by not disclosing student educational records. However, current amendments to FERPA allow for disclosure to Federal, State, and Local law enforcement authorities as amended by the US Patriot Act.

ENROLLMENT ELIGIBILITY FACTORS

Please read and initial each line.

- _____ I must submit a FAFSA for each academic year I wish to receive Federal Financial Aid (FAFSA may be submitted as early as October 1st each year).
- _____ Enrollment status (full-time, ¾ time, ½ time) is calculated each term on a combination of registered units and a census date for each individual course.
- _____ Financial Aid awards are based on full time enrollment and will be adjusted accordingly at the time of disbursement based on enrollment status.
- _____ Changes in my enrollment status may affect my eligibility for aid and I may be required to repay financial aid funds as a result of dropping a course, not attending classes or withdrawing from school.

CONTINUED ON BACK

_____ A minimum of six (6) units per semester are required to receive State Cal Grants and Federal Direct Loans.

_____ A minimum of six (6) units per semester are required to receive Federal Work Study and maintain Employment.

_____ I understand that I must declare a major and that I need to keep both my major and academic goal current with the college.

_____ I understand that I must be working towards an AA/AS degree, or an eligible certificate, or transferring to a 4-year institution, to be eligible for Federal Student Aid.

_____ Federal Student Aid regulations allow a repeat of a previously passed course once and have it included in the determination of their enrollment status and eligibility for Federal Student Aid. Courses that students successfully completed and have repeated more than once will not be included in the determination of their enrollment status and eligibility for Federal Student Aid.

FINANCIAL AID WARNING and SUSPENSION

Please read and initial each line.

_____ To avoid being placed on Warning or Suspension, I must maintain Satisfactory Academic Progress (SAP) as defined by the Financial Aid Office to be eligible for Federal Student Aid. Please refer to our SAP standards form included with your Offer Letter.)

FINANCIAL AID REFUND and REPAYMENT

Please read and initial each line.

_____ I understand that my refunds will be disbursed to me through Bank Mobile and that I will have to select how I would like to receive my refund through Bank Mobile.

_____ Federal law requires that if I receive a federal grant and then drop or withdraw from **ALL** my classes, I **may owe money back** to the Department of Education.

_____ I will repay Lassen College for any overpayment of funds received whether due to my misrepresentation of information, reduction in my enrollment status, or institutional error.

_____ If repayment is required, I understand that I will be ineligible to receive additional grant money until repayment is complete. I also understand that during repayment, no academic transcripts will be released to any other institutions.

_____ I will maintain a valid mailing address with admissions and records, with the understanding that all correspondence from financial aid will go to that address.

_____ I understand Lassen Community College has the authority to release/transmit any information in my application for aid and/or concerning my prior year awards to any governmental agency, institution of higher learning, scholarship donor, or lending institution upon their request.

INTENDED HOUSING

Please initial next to your intended housing situation for the 2025-2026 Academic Year.

(ONLY CHOOSE ONE)

1. On Campus _____ 2. With Parent _____ 3. Off Campus _____

I certify that I have read and understand all of the points listed above. I understand that any false statements or misrepresentations may be cause for denial, reduction, withdrawal and/or repayment of financial aid and may be subject to fines and/or imprisonment.

Student Signature

Date