



# Supplemental Financial Aid Application 2009 - 2010

Please print clearly. Processing will be delayed if document is illegible.

## General Information :

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Applicant Name: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ E-mail address: \_\_\_\_\_

(Provide only if used regularly)

## College Transfer Information:

If you plan to attend, or have attended another college or post-secondary school during the Academic Year 2009-2010, please list the name of the school below.

School: \_\_\_\_\_  Attended Summer 2009  Attended Fall 2009  Attended Spring 2010

## What About Books?

Authorization to Credit Charges (Check one)

- YES**, I give permission to Bunker Hill Community College to use my excess financial aid funds to provide me with a book store line of credit, if eligible, and pay other related charges on my bill.

I authorize Bunker Hill Community College to apply any funds received under Title IV programs and State programs (e.g., Pell, Federal Stafford Loan, Federal Perkins loan, etc.) to any institutional charges that I incur (including, without limitation, health charges, library and parking fines, book store line of credits, etc.), in addition to tuition, and mandatory fees that may appear on my student account. If after payment of such charges for the current year, a credit balance arises I authorize BHCC to apply the credit balance to pay outstanding college charges from prior years. I understand that if I withdraw before the end of the semester, a balance may be owed to the college. Changes in financial aid may also result in a balance owed to the college. These balances are due and payable upon receipt of the bill.

- NO**, I will pay for all books, supplies and related charges on my bill. I will not expect a bookstore line of credit.

This authorization is valid for the award period unless modified or revoked in writing.

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

**Completed and signed form must be returned to:**

Bunker Hill Community College  
Financial Aid Office, Room B213  
250 New Rutherford Avenue,  
Boston MA 02129