

## 2017-2018 Pell Bookstore Advance Form

Last Name

First Name

MI

SWC ID Number

**A. Pell Advance Request**

I am requesting a Pell Advance for:

☐

Fall 2017

☐

Spring 2018

☐

Summer 2018

Number of Units Enrolled this semester: \_\_\_\_\_

**B. Applicant Declaration**

I am requesting a Pell Advance for use in purchasing textbooks and materials for the current semester. I have read and agree to the following policies.

1. If I currently have a hold on my records, I am **NOT** eligible for a Pell Advance.
2. The amount of this advance will be deducted from my anticipated, initial Pell Grant disbursement. Information about eligibility (award letter) and disbursement dates (disbursement schedule) are available on the Southwestern College Financial Aid Office website at [www.swccd.edu/financialaid](http://www.swccd.edu/financialaid). Any funds not used for my books and expenses can be cashed out at the Southwestern College Campus Bookstore after my initial Pell Grant payment has been disbursed.
3. The Pell Advance can only be used at the Southwestern College Campus Bookstore.
4. My Pell Advance Bookstore credit will be \$250.00 or \$350.00, depending on the actual amount of my first Pell Grant disbursement.
5. If I drop or withdraw from **any or all** of my classes, the amount of my financial aid may be adjusted and/or cancelled, and **I may be required to repay Southwestern College some or all of these funds.**
6. The actual amount of my Pell Grant disbursement is subject to revision or cancellation, **which could mean that I would owe money back to Southwestern College.**

You will be notified via email of the amount and approval status of your Pell Advance. If approved, you will need to bring this form and your student ID card to the Southwestern College Campus Bookstore.

Student Signature

Date

*Financial Aid Office Use Only:*

# Units Enrolled in:	Date:	Initials:
Holds: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date:	Initials:
WinPrism:	Date:	Initials:
Datatel: <input type="checkbox"/> STNT <input type="checkbox"/> CRI <input type="checkbox"/> MCRG <input type="checkbox"/> ARSI	Date:	Initials: