



2019-2020 Pell Bookstore Advance Form

Last Name **First Name** **MI** **SWC ID Number**

A. Pell Advance Request

I am requesting a Pell Advance for:

Fall 2019 Spring 2020 Summer 2020 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.

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. 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 (6 to 11.5 units) or \$350.00 (12+ units), **depending on the actual amount of my first Pell Grant disbursement which is based on my financial aid entitlement.**
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.**
7. I have read and agree to the following policies.

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:
Datatel: <input type="checkbox"/> SASM <input type="checkbox"/> CRI <input type="checkbox"/> MCRG <input type="checkbox"/> ARSI	Date:	Initials: