

HOLYOKE COMMUNITY COLLEGE

303 Homestead Avenue
Holyoke, MA 01040
413.538.7000

<i>For Office use only</i>		ADMINF		
___ Mail	___ Counter	___ Email	___ Fax	___ Other
Received by: _____		Date Received: _____		
Entered by: _____		Date Entered: _____		
<input type="checkbox"/> Document Complete		File Location: _____		

www.hcc.edu

Financial Aid Office
Phone: (413) 552-2150
Fax: (413) 552-2192

John and Abigail Adams Additional Information Form

Student's Name: _____ Student ID: _____

You are required to complete this form in order for us to determine your eligibility to receive the John and Abigail Adams scholarship at Holyoke Community College. You must complete this form because; per HCC College Records, you have not been in attendance at HCC in consecutive semesters since your high school graduation.

Please check the appropriate statement below by checking one of the boxes, sign and return the form to the Financial Aid Office so that we may continue the processing of your John and Abigail Adams scholarship.

I have never attended a post-secondary institution.

I have attended a post-secondary institution. I have submitted all official transcripts to the Student Records Office.

Please note: HCC will be unable to review your eligibility for the John and Abigail Adams scholarship until the Student Records Office has received all transcripts. Official transcripts should be submitted to the Student Records Office in FR 223.

I certify that the statement I checked is correct.

Student's Signature

Date

WARNING: If you purposely give false or misleading information on this form, you may be fined, be sentenced to jail, or both.

For more information on processing and verification deadlines, please visit <http://www.hcc.edu/admission/paying-for-college/financial-aid/deadlines>.