



Soc. Security # _____ OCC Student ID _____

Name _____
Last First MI

Address _____ City _____ State _____ Zip _____

Preferred Phone # _____ Email _____

This is an institutional application for NJ STARS consideration. You must file the 2016-2017 FAFSA (Free Application for Federal Student Aid). **ALSO, it is important that you list OCEAN COUNTY COLLEGE, School Code #002624, on the FAFSA as your first college choice** so that your financial aid eligibility can be determined for the NJ STARS Program. Listing of schools does not constitute any obligation of aid offer or acceptance.*

- Student Status:** Dependent (under 24 years of age)
 Independent (over 24 years of age)

- Year in School:** First year (never attended College before)
 First year continuing (under 29 credit hours accumulated at OCC)
 Second year (30 or more credit hours accumulated at OCC)

Have you attended any other post-secondary schools besides OCC? **NO** **YES** *If yes, please list below:*

| Name of school | Date attended | Name of School | Date attended |
|----------------|---------------|----------------|---------------|
| 1. _____ | _____ | 3. _____ | _____ |
| 2. _____ | _____ | 4. _____ | _____ |

PLEASE INDICATE:

I have a High School Diploma (Date received) _____

- | | | | |
|---------------------------------|------------------------|--------------------------|------------------------|
| I will be attending OCC: | FALL SEMESTER | SPRING SEMESTER | SUMMER |
| <input type="checkbox"/> | 12+ credit hours | <input type="checkbox"/> | 12+ credit hours |
| <input type="checkbox"/> | 9-11 credit hours | <input type="checkbox"/> | 9-11 credit hours |
| <input type="checkbox"/> | 6-8 credit hours | <input type="checkbox"/> | 6-8 credit hours |
| <input type="checkbox"/> | 6 or less credit hours | <input type="checkbox"/> | 6 or less credit hours |

NOTE: Your NJ STARS eligibility will be based on this projection of credit hour attendance.

The NJ STARS program pays up to **18 credits** per semester for students starting on or after spring 2009 and does not pay for remedial/developmental coursework. In the event your actual credit hour registration differs, your aid package MAY be changed. Notify the Financial Aid Office immediately if your credit hour status changes.

READ AND SIGN BACK OF FORM--

OCEAN COUNTY COLLEGE

Verification Application NJ STARS 2016-17
(continued)

SELECTIVE SERVICE REGISTRATION

All males ages 18-25 and living in the U.S. must register with Selective Service within 30 days of their 18th birthday. Selective Service will accept late registrations prior to their 26th birthday. You may be denied Financial Aid benefits or a job if you have not registered. To register with Selective Service go to SSS.gov or check the box below for Ocean County College to register you.

- I authorize Ocean County College to register me with Selective Service
- I am temporarily exempt – under age 18
- I am a female

HESAA STATEMENT:

It is the student’s responsibility to create a user account at NJGRANTS.org in order to determine whether the state of NJ is requiring additional documentation from the student and to complete the State of NJ application for NJ student aid.

It is the student’s responsibility to ensure that information/documentation required by NJHESAA is submitted immediately upon request from NJHESAA. Required information/ documentation received by NJHESAA between November 16, 2016, and March 15 2017, will be considered for the spring 2017 term only. If the documents a student submits submit are insufficient or unacceptable, his/her application for State student aid will be considered closed and no further action will be taken.

How to Submit Documentation: www.njgrants.org then click on “Electronic Documents Collection”. Allow ample time for processing during HESAA peak period which is from June to December.

STATEMENT OF PAYMENT AUTHORIZATIONS AND OBLIGATIONS

I authorize Ocean County College to use any other financial aid awards to pay any obligations related to the educational costs incurred by me and deferred by the Financial Aid Office. This includes tuition, fees, bookstore charges, and any other fees incurred as a result of registration during the Fall 2016, Spring 2017, and Summer 2017 semesters.

I fully understand that if my NJ STARS Scholarship does not cover these charges in full, I am responsible for any outstanding balance(s). **In the event a financial aid award offer changes due to loss of eligibility, changes in anticipated registration status, or a change in my financial status, all charges of tuition, fees and/or books are my responsibility.**

Soc. Security # _____ . OCC Student ID _____

Student's Signature _____ Date _____

Parent(s) Signature (If student is under 18 years old) _____

*** It is your responsibility to change your school code with the State of NJ; failure to do so may result in the loss of your eligibility. Please go to www.NJGrants.org or call 1.800.792.8670 for further information.**

**PLEASE COMPLETE, SIGN, AND RETURN THIS FORM TO:
Financial Aid Office • Fax: 732.864.3865 • Phone: 732.255.0310
www.ocean.edu**