



Office of Financial Aid

First Monies Policy One-Time Waiver Form

Student Name: _____ Student ID: _____

Please indicate the term for which you are requesting to waive the First Monies policy. (You may only check one term)

Semester Requesting: FALL 20____ SPRING 20____

Deadline dates: October 1st February 25th

Board of Trustees Policy states that "Erie Community College will deduct unpaid tuition from first monies received." Student Loan monies are normally the first monies received by the college. The college recognizes this may cause an *extreme economic hardship* for some students. **An *extreme economic hardship* is defined as an economic situation that DIRECTLY prevents a student from pursuing their educational goals at ECC and will result in withdrawal from the college.**

For these students the College will allow a one-time request to waive this policy to receive their loan funds up front. **If approved, you will no longer be eligible for a waiver of the first monies policy.**

To submit a request provide a written **explanation** detailing the *extreme economic hardship*. **Supporting documentation** must be attached to support the reason(s) for this request. Requests will not be reviewed without sufficient supporting documentation. Supporting documentation may include but is not limited to:

- Utility Shut Off Notices
- Lease/Rent/Mortgage statements
- Transportation Expenses
- Eviction Notices
- Proof of Child Care Expenses
- Lapse of Insurance Notices

Additionally, the student must meet the following criteria:

- Be a matriculated student
- Be registered for at least 6 credit hours
- Be in good academic standing
- Anticipated Federal financial aid (excludes TAP, APTS, Scholarships) must exceed all monies owed to the College

Completion checklist: ___ Completed and Signed First Monies Policy One-Time Waiver Request Form
___ Hardship Letter Detailing Extenuating Circumstances (preferably typed)
___ Supporting Documentation

Processing Notes:

Upon review of your **economic hardship** this request will be forwarded to: the Bursar Office for financial verification; Senior Administration for final approval. **Please allow a minimum of 3 weeks for this process. ALL APPROVED WAIVERS WILL BE PROCESSED AFTER THE END OF ADD/DROP.** Checks will be mailed to your mailing address on file.

I am requesting the college waive the First Monies Policy. By my signature below, I am confirming that I will be liable for any outstanding balances at the college should my other grants and/or loans fail to be received. I also understand this is a ONE-TIME request to waive the First Monies Policy.

Student Signature Date

Submit this request to the Office of Financial Aid.

Mailing address: 4041 Southwestern Blvd, Orchard Park, NY 14127

Fax: 716-270-4421

FACWVRXX

This side to be completed by SUNY Erie personnel only!

Student Name: _____ Student ID: _____

Semester _____ Registered Credit Hours _____

Office of Financial Aid

Date Received _____

Federal financial aid resources available

PELL _____

SEOG _____

Student Loans _____

Total Aid _____

Financial Aid Officer Signature

Date

Bursar's Office

Date Received _____

Monies owed to SUNY Erie

Current Tuition and Fees _____

Eligible for Bookstore Credit? _____

Approved emergency loan/child care? _____

Accounts Receivable balances _____

Total Due: _____

MAXIMUM DISBURSEMENT OF FIRST MONIES _____

Bursar Signature

Date

Authorized by EVP Student Affairs/CAFO

EVP Signature

Date