

Financial Aid Packet

International Equestrian Centre

147 Saddle Lane Waverly, WV 26184 800-679-2603 www.meredithmanor.edu

If you are planning on receiving student aid, grants, student loans or parent loans you must complete the following paperwork: Meredith Manor Financial Aid Packet and Free Application for Student Aid (FAFSA). If you will also be in need of a Parent PLUS loan, have all parent information located on the Federal Direct Parent Loan Data Sheet and PLUS loan information filled in as well as parent signatures. By filling in this paperwork completely, you will be expediting the processes for grants and loans. Please contact Janie Crothers in our financial aid office if you have any questions or would like some help. Janie is available Monday through Friday between the hours of 8:00 AM and 3:00 PM at 1-800-679-2603 extension 208.

Name:		
Address:		
City:		
State:	Zip:	
Phone #:	Age:	
Social Security #:		
High School Graduation Date: _		
Program Start Date:		
Email:		

It should be noted that when the institution enters into an agreement with a potential student, student, or parent of a student regarding a Title IV, HEA loan - the loan will be submitted to the National Student Loan Data System (NSLDS) and will be accessible by guaranty agencies, lenders and institutions determined to be authorized users of the data system.

There are no WV state grants available to Meredith Manor students. Information on grants for other states can be found at http://www.finaid.org/otheraid/state.phtml.

Return form to: Meredith Manor International Equestrian Centre

Office of Student Financial Assistance

147 Saddle Lane Waverly, WV 26184

Financial Aid Management for Education (FAME) Drug Free Workplace Act Certification Statement

School Name: Meredith Manor International Equestrian Centre

The Federal Drug Free Workplace Act of 1988 (Pub. L 100-690 Title V, Subtitle D) mandates that students receiving Pell Grants complete the following certification statements. Failure to complete the statements accurately is in violation of Federal legislation.

Student's Signature	I certify that as a condition of my Pell Grant I will not engage ir the unlawful manufacture, distributions, dispensation, or possession or use of a controlled substance during the period covered by my Pell Grant.					
1988, if you are conv suspend your eligibil	t more fully in Section 530 victed of drug distribution lity for Title IV Financial distribution, you may becoming Aid.	or possession, the cour Aid. If you are convict	t may ed three or			
Date:	Month	/	/			
Year						
Student's Name:						
Print First Name	Print	Last Name				
Student's Signature:						
Social Security #:						
AC24:441						

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Post Secondary Attendance Information

If you have ever attended a post secondary institution, please list names, addresses, and dates of attendance.

Name:					
Address:					
Attendance Dates:					
Name:					
Address:					
Attendance Dates:					
Address:					
Attendance Dates:					
Did you receive Fina	ncial Aid?				
			Signature		
	Date				
	Social	Security	v Number		

Statement of Educational Purpose / Certification Statement on Refunds and Default

School Name: Meredith Manor International Equestrian Centre

I certify that I do not owe a refund of any grant, am not in default on any loan, and have not borrowed excess of the loan limits under the Title IV programs at any institution. I will use all Title IV money received only for expenses related to my study at the above school.

Statement of Registration Status

active duty.)	I certify that I a	Im not required I am female. I am in the arm Does not apply I have not yet I was born bef I am a perman	ned services on act to members of the reached my 18th b ore 1960.	with Selective ive duty. Reserves and Northday. Federated States	e Service because: ational Guard who	are not on
Date: Year			Month		Day	/
Student's N Print First Name			Print L	ast Name		
Student's Si	ignature:					
Form 5273 (WP:ET	4-9-27) Rev. 4/5/88					

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Office of Student Financial Assistance 147 Saddle Lane

Waverly, WV 26184

Federal Government Regulations (45 CFR 674. 44-45) require you to complete the following. (PLEASE PRINT)

Name:		
Social Security Number:	Date of Birth:	
Permanent Address:		
Home Phone #:	Cell Phone #:	
E-mail address:		
Spouse's Name:		
Spouse's Social Security #:	Date of Birth:	
Spouse's E-mail address:	Phone #:	
Father's Name:	E-mail address:	
Address:	Phone #:	
Mother's Name:	E-mail address:	
Address:	Phone #:	
Reference:	Relationship:	
Address:	Phone #:	
Reference:	Relationship:	
Address:	Phone #:	
	State:	

STUDENT AUTHORIZATIONS

For students receiving Federal PELL Grant, Federal SEOG, Federal Direct Loans	ral Perkins Loan and Federal Family Education /
Student's Name:	
Student's Social Security No.:	
Note: Signing any one of these authorizations is <u>OPTIONAL</u> and of Financial Aid or receipt of other services at this institution.	d is not required for admission, enrollment, receipt
A Title IV credit balance occurs when the combined sum of credit institutional costs (this is, tuition, fees and contracted room and b student has authorized the institution to apply Title IV funds).	
AUTHORIZATION TO CREDIT TITLE IV FUNDS TO AD	DITIONAL CHARGES
I give permission to apply Title IV Financial Aid funds to books account. I understand that I may cancel or modify this authorizat within 14 days of the cancellation.	and other charges that appear on my student
Student's Signature	Date
AUTHORIZATION TO HOLD TITLE IV FUNDS FOR ADDITUTE IV FUNDS FOR ADD	
Please retain the credit balance on my account to cover education academic year to assist me in managing my educational funds.	al expenses that I will incur prior to the end of this
I understand that I may modify or cancel this authorization at any issued to me in full within 14 days of the cancellation of this authorization.	
Student's Signature	Date
AUTHORIZATION TO DISBURSE TITLE IV FUNDS IN I	NCREMENTS
If Federal Financial Aid funds are available in excess of my allow	vable charges, I understand that this is a credit
balance. I understand that I have a credit balance of \$	r living expenses. I understand that I may cancel o
Student's Signature	Date
AUTHORIZATION TO DISBURSE BY ELECTRONIC FU	NDS TRANSFER
I authorize the disbursement of my Financial Aid funds via electrunderstand that I may cancel this authorization at any time.	
Student's Signature Form 5323 (E005-5323) Rev. 3/29/07	Date

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