



Meredith Manor
International Equestrian Centre

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

Financial Aid Packet

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 applying for a Parent PLUS loan, complete all parent information located on the Federal Direct Parent Loan Data Sheet and PLUS loan information 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 at 1-800-679-2603 ext 208 if you have any questions or would like need assistance.

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone #: _____ Age: _____

Social Security #: _____

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.

I certify that as a condition of my Pell Grant I will not engage in the unlawful manufacture, distributions, dispensation, or possession or use of a controlled substance during the period covered by my Pell Grant.

Student's Signature

Warning: As set out more fully in Section 5301 of the Anti-Drug Abuse Act of 1988, if you are convicted of drug distribution or possession, the court may suspend your eligibility for Title IV Financial Aid. If you are convicted three or more times for drug distribution, you may become permanently ineligible to receive Title IV Financial Aid.

Date: _____ / _____ / _____
Month Day Year

Student's Name: _____
Print Last Name Print First Name

Student's Signature: _____

Social Security #: _____

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: _____

Name: _____

Address: _____

Attendance Dates: _____

Did you receive Financial Aid? _____

Signature

Date

Social Security 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

_____ I certify that I am registered with Selective Service.
_____ I certify that I am not required to be registered with Selective Service because:
_____ I am female.
_____ I am in the armed services on active duty.
(Note: Does not apply to members of the Reserves and National Guard who are not on active duty.)
_____ I have not yet reached my 18th birthday.
_____ I was born before 1960.
_____ I am a permanent resident of the Federated States of Micronesia, the Marshall Islands, or the Republic of Palau.

Date: _____ / _____ / _____
Month Day Year

Student's Name: _____
Print Last Name Print First Name

Student's Signature: _____

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 #: _____

Driver's License #: _____ State: _____

I certify the above to be true.

Signature of Borrower

Date

STUDENT AUTHORIZATIONS

For students receiving Federal PELL Grant, Federal SEOG, Federal Perkins Loan and Federal Family Education / Direct Loans

Student's Name: _____

Student's Social Security No.: _____

Note: Signing any one of these authorizations is OPTIONAL and is not required for admission, enrollment, receipt of Financial Aid or receipt of other services at this institution.

A Title IV credit balance occurs when the combined sum of credited Title IV funds exceeds the student's allowable institutional costs (this is, tuition, fees and contracted room and board, as well as other costs toward which the student has authorized the institution to apply Title IV funds).

AUTHORIZATION TO CREDIT TITLE IV FUNDS TO ADDITIONAL CHARGES

I give permission to apply Title IV Financial Aid funds to books and other charges that appear on my student account. I understand that I may cancel or modify this authorization at any time and receive monies due me in full within 14 days of the cancellation.

Student's Signature Date

AUTHORIZATION TO HOLD TITLE IV FUNDS FOR ADDITIONAL CHARGES

I understand that once my tuition and fee charges have been paid, my account may have a credit balance.

Please retain the credit balance on my account to cover educational expenses that I will incur prior to the end of this academic year to assist me in managing my educational funds.

I understand that I may modify or cancel this authorization at any time and the credit balance on my account will be 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 INCREMENTS

If Federal Financial Aid funds are available in excess of my allowable charges, I understand that this is a credit balance. I understand that I have a credit balance of \$_____ and authorize retention of the credit balance on my account for future disbursement to me as funds for living expenses. I understand that I may cancel or modify this authorization at any time and receive the funds due me in full within 14 days of the cancellation.

Student's Signature Date

AUTHORIZATION TO DISBURSE BY ELECTRONIC FUNDS TRANSFER

I authorize the disbursement of my Financial Aid funds via electronic fund transfer to my bank account. I understand that I may cancel this authorization at any time.

Student's Signature Date