



OFFICE OF FINANCIAL AID
2020-2021
UNUSUAL ENROLLMENT VERIFICATION

The U.S. Department of Education has indicated that you exhibit a pattern of unusual enrollment based on your attendance and federal aid history at prior colleges/universities attended. In order to determine your financial aid eligibility at Sussex County Community College (OPE-ID 025688), we must verify your credits earned and aid received. Failure to submit this form and all required documentation will result in denial of your financial aid application.

NAME: \_\_\_\_\_ SCCC ID#: \_\_\_\_\_

SECTION A. Answer the following questions:

1. Did you receive Title IV funds (Federal grant &/or loan) while enrolled at an institution you attended prior to Sussex County Community College? \_\_\_ Yes \_\_\_ No

- If no, please only complete Sections D & E.
If yes, please continue to complete all sections on this form.

2. What award year/s did you receive aide at your prior institution/s?

\_\_\_ 2016-2017 \_\_\_ 2017-2018 \_\_\_ 2018-2019 \_\_\_ 2019-2020

3. List the name of the institution/s you attended during the academic years below.

2016-2017 \_\_\_\_\_
2017-2018 \_\_\_\_\_
2018-2019 \_\_\_\_\_
2019-2020 \_\_\_\_\_

SECTION B. Obtain an official academic transcript from the institutions you attended prior to Sussex County Community College listed in Section A.

SECTION C. Provide a statement &/or 3rd party documentation (i.e.: medical records, court documentation, police reports, etc.) to provide an explanation why the enrollment at your prior institution/s may have changed within the past few years.

SECTION D Make a copy of this form and all required documentation for your records. Please bring or mail this completed form with all the documents listed in Sections B & C to:

Sussex County Community College
Office of Financial Aid
One College Hill Road
Newton, NJ 07860

SECTION E. Certification & Signature

I certify the information on this form will be used to determine my financial aid eligibility. By completing & signing this form, I certify that all information reported is complete & accurate.

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

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_