

Financial Assistance Application

Police Academy Scholarship Assistance Fund

Fall 2024 — Winter 2025 — Summer 2025

Student _____ Valley ID # V00 _____

Phone _____ Date of Birth _____

We encourage all students to apply for federal and state financial aid by completing the Free Application for Federal Student Aid (FAFSA) and have your results sent to Kalamazoo Valley. If you are interested in other sources of funding, please complete this application and state your reason for applying. Funding through the KVCC Foundation is only available for credit-hour programs of study. We will then consider you for financial aid programs funded through Kalamazoo Valley, Kalamazoo Valley Community College Foundation, and other community funding sources, as funds become available.

Note: Students with the following admission status will not be given priority for scholarship funds accessed through this application process:

Guest Student	International Student
	Dual Enrolled (High School and Kalamazoo Valley) Student
Early/Middle College Student	Defaulted Student Loans

Do you have a social security number? Yes No

Have you completed the 2024-2025 Free Application for Federal Student Aid (FAFSA)? Yes No

If no, please explain why you have not completed a FAFSA: _____

If the FAFSA is not on file with the Financial Aid Office, you may not be considered for funds accessed through this application.

Semester You Wish To Apply For Assistance Fall Winter Summer

Will you be attending another college/university during the same semester you are asking for funding?
 Yes No

Are you dual enrolled (in high school and Kalamazoo Valley) or in early/middle college?
 Yes No

Age: 18-21 22-24 25-50 51-60 61 & up

Residency Status: In-District Out-District International Student

Enrollment Status:

Less than half-time Half-time Three-quarter time Full-time
 (1-5 credits) (6-8 credits) (9-11 credits) (12 or more credits)

Please check what you need funding for:

Tuition: ____ Books: ____ Transportation: (bus ____ own car ____) Child Care: ____ Other: ____

Please provide additional information regarding your request:

Student Signature: _____ **Date:** _____

By signing this application you are stating all information reported and you are authorizing the Financial Aid Office at KVCC to release any and all academic and financial aid information to the donors of this scholarship, as well as the members of

Financial Aid Office Use Only

Type of Award Processed


- _____ Kalamazoo Valley Trustee Assistance Fund
- _____ Kalamazoo Valley Foundation Assistance Grant
- _____ Cougar Completion Grant
- _____ SSEOG
- _____ Other _____

Dollar Amount Processed/Semester

Fall \$ _____ Winter \$ _____ Summer \$ _____

Comments:

_____ **No Funds Available - Placed on waiting list**

	Kalamazoo Valley Community College	www.kvcc.edu/finaid
	Financial Aid Office — Texas Township Campus — Office # 9210	
	6767 West O Avenue — P.O. Box 4070 - Kalamazoo, MI 49003-4070	
	Phone: 269-488-4340 — Fax: 269-488-4120 — Email: finaid@kvcc.edu	