

APPLICATION FOR ACTIVATION OF APLUS BENEFITS AT MAC

NAME: _____ SOCIAL SECURITY NUMBER: _____

I am requesting that Mineral Area College activate my APlus Benefits for ___ Fall 20___; ___ Spring 20___; ___ Summer 20___. I understand that I must complete the FAFSA (Free Application for Federal Student Aid) annually and that I have already done so for next year.

I also understand that in the event that my activation of APlus Benefits has not been approved prior to my registration for classes for the upcoming semester, I will be considered a self-pay student and am responsible for charges until the APlus activation has been approved. All charges not covered by the APlus Program such as lab fees must be paid for at the time of registration or within 30 days thereof.

The APlus Program requires students to maintain a full-time course load (12 more more credit hours) and a 2.5 cumulative grade point average. These benefits are available for four years after high school graduation, until an Associate Degree is earned or six semesters of benefits have been used (whichever occurs first). I understand that if I fail to maintain these requirements, my APlus approval may be revoked at any time.

Student's Signature

Date

**PLEASE RETURN COMPLETED FORM TO:
MINERAL AREA COLLEGE
FINANCIAL AID OFFICE
P.O. BOX 1000
PARK HILLS, MO 63601**

STUDENTS WILL RECEIVE A COPY OF THIS FORM BACK IN THE MAIL INDICATING APPROVAL OR DISAPPROVAL OF ACTIVATION OF BENEFITS. QUESTIONS: CONTACT THE FINANCIAL AID OFFICE AT 573-518-2133 OR EMAIL TO FINAID@MINERALAREA.EDU

FOR OFFICE USE ONLY:

A+ Seal: _____

HS Grad Date: _____

FAFSA Completed: _____

A+ Expire Date: _____

of Semesters of A+ Used: _____

Degree Completed: _____

A+ Hold _____

Attended Other College: _____

APPROVED

DATE STUDENT NOTIFIED

DISAPPROVED
