

SAMPSON COMMUNITY COLLEGE

P.O. Box 318 Clinton, NC 28329

Office of Financial Aid finaid@sampsoncc.edu 910.900.4320

STEP 1: STUDENT INFORMATION (Please print)

2024-2025 Unusual Enrollment History Worksheet

The U. S. Department of Education has indicated that you have an unusual enrollment history and your enrollment must be verified by the SCC Financial Aid Office.

Please complete the following information return or mail within 10 business days.

Last Name First Name Mailing Address City		M.I SC		SCC ID Number	
				Date of Birth	
Phone Number (Include Area Code)		Permanent Phor	ne Number (Inc	clude Area Code)	
STEP 2: PLEASE CHECK THE BOX T	THAT APPLIE	<u>S:</u>			
☐ The student has only attende	ed Sampson C	Community College, a	nd no other i	institution.	
	t funding duri mined.	ng these years. Upor Total Award		<u>sheet</u> . Sampson Community College must eview of the documentation, approval of <u>College Transcript Attached?</u>	
Mayna Cammunity Callaga (ayam	2/2)	Amount	(a)		
Wayne Community College (exam	piej	\$5550.00 (examp	ie)	Yes	

WARNING: IF YOU PURPOSELY GIVE FALSE OR MISLEADING INFORMATION ON THIS WORKSHEET, YOU MAY BE FINED, OR SENTENCED TO JAIL OR BOTH. I (we) certify that all the information reported on this worksheet is complete and correct. If it appears the information is inaccurate, we may ask you for a statement of the support paid, copies of child support checks, and/or a copy of the court order. Student Signature Date

Date

Parent(s) Signature (If dependent student)