

# DISCLOSURE STATEMENT FOR GRANTS

## Lamar State College Port Arthur

We have completed our initial review of your application for financial assistance and are pleased to make this **“ESTIMATED”** offer based on full-time enrollment status at Lamar State College Port Arthur. This award may be revised upon review of your most recent academic standing. All grant aid is automatically accepted for the student. If you choose to decline the award, notify the Financial Aid Office. All rewards are reviewed before posting. If you have any questions, please contact the Financial Aid Office. Make an appointment at <https://lscpa.craniumcafe.com/group/financial-aid/scheduler> or call (409) 984-6203.

If you are enrolled for less than full-time (12 semester credit hours), your award(s) will be decreased according to your actual enrollment status and the disbursement schedule associated with each program. You must be enrolled at least half-time (6 semester credit hours) to be eligible for any of the listed award(s) on the award letter, except for the Pell grant. If you drop below or enroll for less than 6 semester credit hours within each semester, except for the Pell grant your award(s) may be canceled. **FINANCIAL AID WILL ONLY PAY FOR CLASSES ON YOUR PRIMARY DEGREE PLAN. THE PELL WILL ONLY PAY FOR DEVELOPMENTAL CLASSES WHEN YOU ARE ENROLLED IN A 3 HOUR CREDIT COURSE.**

**AWARD ACCEPTANCE:** Funds will be applied to your student account approximately 10 days prior to the first class day, or if during the semester once you have been awarded by our office. Residual funds will be direct deposited approximately 14 days after the aid has been applied. You authorize to credit any Title IV funds for any institutional charges that you may incur, in addition to tuition and fees, if applicable.

*I understand that if I withdraw from LSC-PA prior to the 60% point or \* stop attending prior to the 60% point of the semester that I will have to reimburse the college and/or Department of Education for federal (Title IV) financial aid received in excess of “earned” financial aid as determined by the Return of Title IV Funds calculations under the Higher Education Act of 1965, as amended (HEA), by the Higher Education Amendments of 1998 (Public Law 105-244, enacted October 7, 1998).*

I confirm that I have received a copy of the “Satisfactory Academic Progress Policy for Financial Aid Recipients”.

**\* Nonattendance will be determined if the student receives all F’s and Q’s as grades reported at the end of the semester.**

### Financial Aid Enrollment Chart \*

Enrolled hours	Enrollment Status	Percentage of Aid Paid
12 + hours	Full Time	100 %
9-10-11 hours	$\frac{3}{4}$ Time	75 %
6-7-8 hours	$\frac{1}{2}$ Time	50 %
3-4-5	Less than half time	25%

\* Higher EFC’s may vary from above percentages – Pell Chart is always used. Minimum 6 hr enrollment for TPEG

1. I give permission to make corrections to my Free Application for Federal Student Aid (FAFSA) as necessary.
2. I cannot receive aid simultaneously from two separate colleges or universities for the same enrollment period.
3. This assistance will be used to pay only expenses related to college costs.
4. I will inform the Office of Student Financial Aid at LSCPA of any additional assistance I will receive during the application period.
5. I have read and understand the Satisfactory Academic Progress Policy pertaining to my eligibility and/or continued eligibility for financial aid.
6. I will maintain the required normal academic work load toward the completion of a certificate and/or degree.
7. I understand that aid awarded is based on full-time attendance. Less than full-time attendance will result in decreasing or elimination of awarded funds.
8. I will keep the Office of Student Financial Aid informed of any changes in my major and schedule (drops or withdrawals).
9. I will keep The Records Office and The Office of Student Financial Aid informed of any changes in my **current address** and **telephone number**.
10. I understand that If I withdraw from LSCPA prior to the 60% point of any semester that I will have to reimburse the college and /or Department of Education for federal (Title IV) financial aid received in excess of "earned" financial aid as determined by the Return of Title IV funds calculations under the Higher Education Act of 1965. As amended (HEA). By the Higher Education Amendments of 1998 (Public Law 105-244. Enacted October 7, 1988).
11. I understand that I may be subject to repayment of a prorated amount of payments made which cannot reasonably be attributed to meeting the educational expenses related to the attendance at this institution.
12. I understand that my academic transcript will be held until I have made full payment with the Finance Office to repay all obligations incurred to me.
13. The policies and practices of Lamar State College Port Arthur are in compliance with guidelines relative to the "Privacy Act of 1974" (Pub. L. 93-579). I authorize the Office of Student Financial Aid to release any information concerning my records at Lamar State College Port Arthur to any federal, state, institutional, or a local organization or agency necessary for the administration of my award(s), processing of my application(s), and submitting required reports. I understand that this authorization will remain in effect unless revoked by me in writing to the Office of Student Financial Aid. I further understand that in endorsing or approving application(s) for certain program(s) of the Office of Student Financial Aid accept responsibility and has legal and contractual obligations for submitting subsequent reports as required by such institutions, agencies, or organizations and that when these commitments apply, this authorization cannot be revoked.
14. **Students in attendance at other colleges who enroll only for summer semester may not be eligible for student financial assistance.**
15. I have read and understand the above information. I certify that the information that I have provided is true and correct.