

TRANSITION PROGRAM APPLICATION INSTRUCTIONS

1. **There have been some recent changes to federal legislation that may affect your eligibility for assistance through the NHTI Transition Program, beginning with the Fall 2007 semester.**

Students who are enrolled in the Associate in General Studies (AGS), Associate in Liberal Arts , or Associate in Visual Arts degree programs and any general studies courses, are no longer eligible for funding assistance through the Transition Program. Only career and technical degree, diploma, and certificate programs and only core courses within those programs are eligible for consideration.

2. Please print clearly.
3. Complete **all** information requested, including Financial Aid Awards, tuition costs, number of credits, book costs and comp fee costs. Incomplete applications will be returned to you.
4. Remember to sign and date pages 3, 4 and if applicable, page 5.
5. Please **DO NOT** purchase your books before receiving your award letter.
6. **NEW**: Based upon your educational financial aid award, travel reimbursement funds may also be available to you during the semesters you choose to apply for assistance through the Transition Program during the 2008-2009 academic year. Your award letter will provide further information.
7. Please submit the entire Transition Program application to Gyne Hardy, Transition Program Director, Student Center 105, by the deadline noted on the application. Applications received late will be placed on a waiting list.
8. Telephone Numbers/Contact Information:

Financial Aid Office:	271-7138 271-7136 271-7135
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Bookstore:	224-8231
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Transition Program Director: (mailing address)	Gyne Hardy NHTI 31 College Drive Concord, NH 03301-7412
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(tele.)	271-6983
(Fax)	271-7184
(Email)	ghardy@ccsnh.edu

2008-2009 TRANSITION PROGRAM
FALL 2008 SEMESTER APPLICATION FORM
DEADLINE: August 1, 2008

1. Applicant's Name: _____ SS# _____
2. Applicant's Address _____
Street _____
City _____ State _____ Zip Code _____
NHTI E-Mail address: _____
Cell Phone or Pager: _____
3. Home Phone: _____ Work Phone: _____ Pager: _____
4. Ethnicity: White, non-Hispanic ___ Hispanic ___ American Indian/Alaskan ___
Black, non-Hispanic ___ Asian ___ Native Hawaiian/Pacific Islander ___
Other (Please Specify) _____
5. The Applicant is: single ___ separated ___ divorced ___ displaced homemaker ___
married ___ widowed ___ partnered ___
6. Is English your primary language? ___yes ___no If not, what is your primary language?

7. Other adults in your household, 7/08– 6/09: do they contribute to household expenses? ___
If so, how much per month? _____ Relationship: _____
8. How many dependent children will live with you from 7/08 – 6/09? _____
Age: ___ Hours of Child Care needed per week: ___
Age: ___ Hours of Child Care needed per week: ___
Age: ___ Hours of Child Care needed per week: ___
9. Are you working? Yes ___ No ___ If yes, part-time ___ full-time ___ Hourly wage? _____
Monthly Salary _____ What hours do you work? _____
Employer's name: _____
Address: _____
Telephone: _____
10. How many hours per week will you work from 9/08 - 6/09? _____
11. Assistance through the Transition Program is available to NHTI students with a documented disability on file with the NHTI Disabilities Services Office. Do you wish to disclose a documented disability at this time? Yes _____ No _____
If you wish to disclose a disability, please complete the attached (page 5) Release of Information for Disabilities Services.
12. A Pell Grant is based on your past year's salary. Will your salary level change when you begin classes? Please explain.
13. Are you a: 1st year student? ___ 2nd year? ___ 3+ year? ___
What academic degree program are you in? _____
Are you a day student? _____ Evening student? ___
14. Number of credits you will be taking: Fall Semester ___ Spring Semester ___
Summer Semester _____

MONTHLY INCOME

PLEASE CHECK ALL THAT APPLY AND LIST MONTHLY AMOUNTS:

Temporary Asst. for Needy Families (TANF) _____ Amount: _____
 Alimony/Child Support _____ Amount: _____
 Title 20 Child \$ _____ Amount: _____
 Social Security _____ Amount: _____
 VA Benefits _____ Amount: _____

SUPPORT FOR COLLEGE: I RECEIVE OR KNOW I WILL RECEIVE THE FOLLOWING:

AMOUNT

	Summer	Fall	Spring	Total
Pell Grant	_____	_____	_____	_____
Seo Grant	_____	_____	_____	_____
Other Scholarships Or Grants	_____	_____	_____	_____
Subsidized Loan	_____	_____	_____	_____
Unsubsidized Loan	_____	_____	_____	_____
Book/supply money from DHS, Vocational Rehabilitation etc.	_____	_____	_____	_____
Transportation	_____	_____	_____	_____
Other	_____	_____	_____	_____

I foresee needing money to pay for:

I attest that the above stated facts are true. If my marital status or income changes, I will contact the Transition Program Director. If I receive additional monies in the form of grants or scholarships I will notify the Transition Program Director. I understand failure to report changes in my income or grants will result in the loss of my funds.

Signed

Date

TRANSITION PROGRAM
FALL 2008
 INFORMATION SHEET
DEADLINE: August 1, 2008

NAME: _____ SS#: _____
 ADDRESS: _____ PHONE #: (H) _____
 _____ (W) _____
 _____ Cell Phone or Pager: _____

NHTI EMAIL ADDRESS: _____ PROGRAM: _____

After registering for classes, please complete all of the information below and return to Gyne Hardy **no later than August 1, 2008**. Failure to do so may result in awards being delayed or denied. Awards will be made prior to the start of the spring semester. Tuition and Comprehensive Fees, Financial Aid Awards, and book costs can be obtained from the Bursar's Office (271-6309), Financial Aid Office (271-7138) and Bookstore (224-8231) respectively. **** There have been some recent changes to federal legislation that may affect your eligibility for assistance through the NHTI Transition Program, beginning with the Fall 2007 semester. Students who are enrolled in the Associate in General Studies (AGS), Associate in Liberal Arts, or Associate in Visual Arts degree programs and any general studies courses, are no longer eligible for funding assistance through the Transition Program. Only career and technical degree, diploma, and certificate programs and only core courses within those programs are eligible for consideration. Transition Program participants are responsible for any disallowed costs, such as books and supplies, which are not for core courses in career or technical programs.**

Estimated costs for the fall semester are:

Credit hour fee: \$175 (NH Resident) \$262 (NERSP) \$400 (Non-Resident)
 Comprehensive Student Services (Comp) fee: \$19 per credit hour (day) \$19 per credit hour (evening)
 Academic Instruction fee: Varies

APPLICANTS MUST ENROLL IN AT LEAST 6 CREDITS AND BE ELIGIBLE FOR EDUCATIONAL FINANCIAL AID.

	REGISTRATION	CREDITS	TUITION COSTS	BOOK COSTS	COMP FEE COSTS
COURSE# (SAMPLE) <u>NU117</u>		6	\$175 x 6=\$1050.	\$125.	\$19 x 6
COURSE # _____		_____	\$ _____	\$ _____	
COURSE # _____		_____	\$ _____	\$ _____	
COURSE # _____		_____	\$ _____	\$ _____	
COURSE # _____		_____	\$ _____	\$ _____	
	TOTAL:	_____	\$ _____	\$ _____	\$ _____

FALL 2008 FINANCIAL AID AWARDS:

PELL GRANT: \$ _____
 SEO GRANT: \$ _____
 STAFFORD SUB: \$ _____
 STAFFORD UNSUB.: \$ _____
 SCHOLARSHIP/GRANTS: \$ _____
 OTHER: \$ _____

Unmet Need:	\$ _____
Tuition grant:	\$ _____
Book grant:	\$ _____
Travel grant:	\$ _____
Total:	\$ _____
For office use only	

I attest that the above stated facts are true. If my marital status or income changes since my initial application, or if I receive additional monies in the form of grants, scholarships or other forms of aid, I will immediately notify the Transition Program Director. I understand that failure to comply with the conditions of the contract will result in the loss of funding.

Signed _____ Date _____

Please return completed form **in person** to Gyne Hardy, Student Center, room 105; by **fax** at 271-7184; or by **mail** to Gyne Hardy, NHTI, 31 College Drive, Concord, NH 03301-7412.

NHTI STUDENT AFFAIRS OFFICE
TRANSITION PROGRAM
RELEASE OF INFORMATION

**PLEASE COMPLETE ONLY IF YOU HAVE CHOSEN TO
DISCLOSE A DOCUMENTED DISABILITY**

The undersigned gives permission for the Transition Program Director to verify documentation of their disability with the NHTI Coordinator of Disabilities Services.

Student Signature

Date

Print Name

Date of Birth