



Financial Aid Certification

We have received notice that you have been awarded financial aid at another institution. Before you may receive aid at Barstow Community College you must have this form completed by the other institution and returned to Financial Aid. The form may be scanned and emailed to finaid@barstow.edu for faxed to 760-252-6748/

Last Name: _____ First Name: _____

'B' Number: _____ Email Address: _____

The above student is requesting to receive the Pell grant at Barstow Community College. Transfer monitoring information indicates that this student has been awarded at your institution for this aid year. Please indicate the time frame for which you intend to disburse aid to this student.

Name of Institution: _____
<input type="checkbox"/> Fall/Date Range: _____
<input type="checkbox"/> Spring/Date Range: _____
<input type="checkbox"/> Summer/Date Range: _____
<input type="checkbox"/> Other/Date Range: _____

By signing this form I certify that all the information reported is complete and correct.

Name: _____ Title: _____

Email Address: _____

Signature: _____ Date: _____