

**Intent Form — Fall 2016 – Winter 2017**

Students are encouraged to read our Terms and Conditions at [www.kvcc.edu/finaid](http://www.kvcc.edu/finaid).

<input type="checkbox"/>	Initial Request
<input type="checkbox"/>	Revised Request

Student \_\_\_\_\_ Valley ID # V00 \_\_\_\_\_

Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_

Last High School Attended \_\_\_\_\_ Year of H. S. Graduation \_\_\_\_\_

**Please indicate which program(s) you are applying for:**

**Tuition Incentive Program (TIP)**

**This program will only pay tuition based on credit hours and the enrollment fee (not contact hours), up to a maximum of 24 credit hours per academic year.** If you reside in another community college district, TIP will only pay tuition at the current KVCC in-district tuition rate. You must be enrolled at least half-time — 6 credits — to activate your TIP award. **You must complete this Intent Form each semester.**

Indicate county and township you reside in: County \_\_\_\_\_ Township \_\_\_\_\_

**Residency Status:** 2016 Fall Semester In-District  Out-District   
 2017 Winter Semester In-District  Out-District

During the 2016-2017 academic year – July 1, 2016 to June 30, 2017, have you attended or will you attend another college, university, or academy? **Do not count KVCC.** Yes  (Name of College \_\_\_\_\_) No

All TIP awards will be calculated based on full-time enrollment status (12 credit hours) for the fall and winter semesters unless you have less than 12 credits of TIP eligibility remaining. Your TIP award will be adjusted to your actual credit hours enrolled only if you are not enrolled in at least 12 credit hours after the drop/add period each semester. You will be responsible for any balance owed after this adjustment.

**Trustee Achievement Scholarship**

**Only available for the 2016 Fall semester (must be enrolled at least half-time - minimum 6 credit hours)**

High School  EFE  Adult Ed  Strive

**State Indian Tuition Waiver**

This program will pay **tuition only** based on contact hours, **not the enrollment fee.** **You must complete this Intent Form each semester.**

**Enrollment Status:** Indicate the total number of **contact** hours you will register for each of the following semesters:


2016 Fall Semester - Number of Contact Hrs \_\_\_\_\_ 2017 Winter Semester - Number of Contact Hrs \_\_\_\_\_

**Residency Status:** 2016 Fall Semester In-District  Out-District   
 2017 Winter Semester In-District  Out-District

**Other** \_\_\_\_\_

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Please log in to your My Valley account to check your financial aid eligibility.

	<b>Kalamazoo Valley Community College</b>		<a href="http://www.kvcc.edu/finaid">www.kvcc.edu/finaid</a>
	Financial Aid Office — Texas Township Campus — Office # 9210		
	6767 West O Avenue — P.O. Box 4070 - Kalamazoo, MI 49003-4070		
	Phone: 269-488-4340 — Fax: 269-488-4120 — Email: <a href="mailto:finaid@kvcc.edu">finaid@kvcc.edu</a>		

**TIP** F 12 credit hours \_\_\_\_\_ ( \_\_\_\_\_ credit hours) **Tuition\* In = \$** \_\_\_\_\_ / **Out = \$** \_\_\_\_\_  
 W 12 credit hours \_\_\_\_\_ ( \_\_\_\_\_ credit hours) **Tuition\* In = \$** \_\_\_\_\_ / **Out = \$** \_\_\_\_\_

**MITW** F \_\_\_\_\_ contact hours **Tuition \$** \_\_\_\_\_  
 W \_\_\_\_\_ contact hours **Tuition \$** \_\_\_\_\_ **Initials** \_\_\_\_\_ **Date** \_\_\_\_\_

**\*Includes enrollment fee**