

## Application for Financial Aid Reinstatement

Name \_\_\_\_\_ Student ID # \_\_\_\_\_

Address \_\_\_\_\_  
(street address) (city) state) (zip)

Phone # \_\_\_\_\_ E-mail address \_\_\_\_\_

Program or major at the time of financial aid termination \_\_\_\_\_

Are you seeking reinstatement to the above program? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If not what is your intended program? \_\_\_\_\_

Cumulative GPA \_\_\_\_\_ Credits earned (passed) \_\_\_\_\_ Credits attempted \_\_\_\_\_

In addition to this form, please provide the following:

- 1) Copy of transcripts from your MyHC account.
- 2) Copy of loan debt from <https://studentaid.gov/h/apply-for-aid/fafsa> (first page only).
- 3) A typed letter that includes the following information along with supporting documentation.
  - a) **Academic Situation:** This serves as your opportunity to reflect on your current academic circumstances. It is meant to assist you in determining how you will learn from your past experiences in achieving academic success. This should be taken seriously, as you will benefit greatly from examining your current situation, how you arrived, and how you can take steps to become successful and complete your program in the remaining time that you are a student at Helena College.
    - This must be at least one page in length, addressing the following:
      - 1) Describe the factors that lead to your academic situation. Please address each semester you were unsuccessful, or the reasons for which you changed your program.
  - b) **Goals:** What are your goals for the semester? Include measurable objectives and methods. It is not enough to write, "I will study more." (ex. When will you study? How will you study? Where will you study? How will you ensure you will complete your program?)
  - c) **Accountability Measures/Consequences:** While we are here to help you, *you will be held accountable for your own academic progress and success.*
    - 2) What will you do to ensure the successful completion of your degree? (ex. What resources or services will you seek out? X hours spent in LLH with tutor or completing work. Meet with advisor X times during the term.)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

FOR QUESTIONS CALL: Valerie Curtin, Executive Director of  
Compliance & Financial Aid 406-447-6913,  
[Valerie.Curtin@HelenaCollege.edu](mailto:Valerie.Curtin@HelenaCollege.edu)

Return form to the Financial Aid Office at 1115 N. Roberts, Helena,  
MT 59601 Fax to 406-447-6397.

# Max Credit Review to Extend Federal Financial Aid Eligibility

Name: \_\_\_\_\_ HC ID #: 770-\_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

This is used to determine whether a student will continue to be eligible for federal financial aid as detailed on page 3 of the SAP policy.

The degree plan created below should be done in conjunction with the student's advisor and must detail the minimum coursework required for completion of their degree in the fewest course attempts.

Special notes:

- Students can only receive aid for courses required for their program.
- Students who are enrolled in dual degrees or dual programs must complete the requirements for one of the degrees in the required timeframe.
- Students who submit a degree plan and have their eligibility reinstated are expected to adhere to the stated program. If the student does not pass all the classes or does not complete within the detailed timeline because they take additional courses not in the plan they may have to resubmit a revised plan and risk approval under the revised plan.
- If a student only has one remaining course that is less than six credits they will not be eligible for student loans for the semester so students should plan accordingly.
- There are limits to the number of terms a student can receive a Federal Pell Grant and to the amount that a student can borrow through the Federal Direct Loan program. If overall federal aid eligibility is reinstated it does not supersede the limits associated with these individual programs.

**Step 1:** List remaining courses needed to fulfill major requirements

Program: \_\_\_\_\_

Dept.	Course #	Description	Credits	Dept.	Course #	Description	Credits
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

**Step 2:** Certification of advisor

The courses detailed in Step 1 are the minimum needed to complete the degree being sought.

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Advisor	Date	Printed Name	Dept.	Phone #
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**Step 3:** Student Certification

I have read the special notifications within this document and understand that failure to follow them may put aid eligibility at risk in both the current and future semesters.

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Student Signature	Date
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