

**Application for SUMMER/FALL/SPRING Semester
2009 - 2010 Virginia Tobacco Indemnification and Community
Revitalization Commission Scholarship
Mountain Empire Community College**

Please complete the following and return to: Financial Aid, Mountain Empire Community College, 3441 Mountain Empire Road, Big Stone Gap, VA 24219, College Phone 276-523-2400, Financial Aid Phone 276-523-7470 – Virginia relay users dial 711.

During the 2009 - 2010 summer, fall and spring academic terms, the Virginia Tobacco Indemnification and Community Revitalization Commission, in conjunction with other state and federal financial aid programs, will assist Virginia resident tobacco producers, quota owners and their family members (descendents), with the cost of attending credit classes at Mountain Empire Community College (MECC). The tobacco and other financial aid funds will be awarded in an effort to maximize the number of tobacco families who can be assisted with the cost of tuition and fees.

This application will NOT be accepted or processed unless you attach a copy of Form 156EZ (available from the County FSA Office) or other forms documenting tobacco quota/acreage for the tobacco allotment (Example: Notice of Acreage Bases, Yields, Allotments, and/or Quotas) on which you are making your claim for assistance. New forms are required each year you apply for Virginia Tobacco Settlement Program funds. We are unable to obtain prior year 156EZ forms from students' files for 2009-2010 processing. Incomplete forms or forms received without documentation attached will be mailed back to you unprocessed.

Student's name is: _____ Tobacco farm location (county) _____

Address _____

City _____ State _____ Zip _____

Social Security Number _____ ID _____ Telephone _____

Please check and complete each of the following categories that apply to you:

- I am a Virginia resident tobacco **quota owner** or family member.
- I am a Virginia resident tobacco **producer** or family member.

If you are a family member, list the name and address of the producer or quota owner:

Name _____ Tobacco Farm Location (County) _____

Address _____

City _____ State _____ Zip _____ Telephone _____

Student's relationship to quota owner/producer (check one): Self Spouse Child

Grandchild Son/Daughter In-Law

- I currently plan to attend classes during the Summer, Fall and/or Spring semester.
- I am interested in the following program(s): _____

- I have applied for federal financial aid at MECC.
- I plan to apply for federal financial aid.

Family member is defined as spouse, child, son/daughter in-law, or grandchild of tobacco quota owner/producer.
Tobacco quota owner/producer is defined as a Virginia resident who is listed by the local FSA Office or who can provide documentation of quota owner/producer activity at any time during the indemnification period (1998 - 2004).
Exception: If the student is a Virginia resident and the tobacco quota is located in Virginia, the quota owner/producer may be non-Virginian.

Virginia resident is defined as a person who has lived in Virginia for the last twelve months and has no ties with any other state including driver's license, state tax returns, voter registration, or auto registration.

**Information on reverse side of this page MUST be completed and signed.
Forms submitted without the back side completed will be returned unprocessed.**

The student **MUST** provide the following information in order for the College to determine the amount of Tobacco Settlement Funds to be awarded. Dependent students unmarried or under 24 years of age must provide information about both 'Student' and 'Parent'. Independent students who are married or over 24 years of age should provide only 'Student' and 'Spouse' information.

	<u>Student & Spouse</u>	<u>Parent (if dependent)</u>
2008 Adjusted Gross Income from Federal Income Tax Return if one was filed:	\$ _____	\$ _____
Social Security Benefits received in 2008:	\$ _____	\$ _____
Other Untaxed Income in 2008:	\$ _____	\$ _____
Child Support Received in 2008:	\$ _____	\$ _____
Married?	Yes or No	Yes or No
Number of family members in your household:	_____	_____
Number of household members planning to attend any College in 2009-2010 academic year at least ½ time.	_____	_____
Do you have a Bachelor's Degree?	Yes or No	

I certify that I am currently a Virginia resident meeting all eligibility requirements stated above and that the above information is true and subject to verification. I understand that I will be required to repay any funds disbursed to me if it is later determined that I have provided incorrect information.

Student Signature (required for processing)

Date

FOR FINANCIAL AID OFFICE USE ONLY:

- ___ Tobacco Producer
- ___ Tobacco Quota Owner
- ___ Family Member

COA _____
 EFC (estimated) _____
 EFC (actual) _____
 NEED _____
 PELL \$ _____
 SEOG \$ _____
 COMA \$ _____
 FWSP \$ _____
 VGAP \$ _____
 EFT \$ _____
 KLINE \$ _____
 Other \$ _____
 Other \$ _____
 Remaining NEED \$ _____

TOBB Award Summer 2009 \$ _____
 Fall 2009 \$ _____
 Spring 2010 \$ _____

Certified Eligible and Tobacco Funds Awarded by: _____
 Date Application received by College: _____
 Date Student notified of Fall/Spring Award: _____