



Office of Financial Aid
26000 SE Stark St, Gresham OR 97030
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Fax: 503.491.7379

Financial Aid Concurrent Enrollment Request Form

SECTION A: Student to Complete

Student Name: \_\_\_\_\_ MHCC Student ID#: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone# \_\_\_\_\_ MHCC email: \_\_\_\_\_@mhcc.edu
mm/dd/yyyy

SECTION B: Financial Aid Office at Previous School to Complete

Institution Name: \_\_\_\_\_

Student Enrollment Period: \_\_\_\_\_ to \_\_\_\_\_ Award year: \_\_\_\_\_

Last Date of Attendance or Anticipated Last Date of Attendance: \_\_\_\_\_

Our institution disbursed the following amounts of financial aid for the current year:

Pell: \$ \_\_\_\_\_ Last Disbursement Date: \_\_\_\_\_

OOG: \$ \_\_\_\_\_ Last Disbursement Date: \_\_\_\_\_

Oregon Promise: \$ \_\_\_\_\_ Last Disbursement Date: \_\_\_\_\_

FD Subsidized Loan: \$ \_\_\_\_\_ Last Disbursement Date: \_\_\_\_\_

FD Unsubsidized Loan \$ \_\_\_\_\_ Last Disbursement Date: \_\_\_\_\_

Other Aid: \$ \_\_\_\_\_ Last Disbursement Date: \_\_\_\_\_

Pending Disbursements:  Yes  No

If yes, list type and amount: \_\_\_\_\_

\_\_\_\_\_

Financial Aid Officer Signature

Date

Financial Aid Officer Printed Name

Date

PLEASE RETURN THIS COMPLETED FORM TO THE MHCC'S OFFICE OF FINANCIAL AID @ finaid.mail@mhcc.edu.