



Office of Financial Aid
26000 SE Stark St, Gresham OR 97030
FinAid.Mail@mhcc.edu
Phone: 503.491.7262
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.