



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

A. STUDENT: This section must be completed by the student.

Student Name: _____ MHCC ID Number: _____

Date of Birth: _____ Phone#: _____ MHCC Email: _____@saints.mhcc.edu
mm/dd/yyyy

I authorize the financial aid office at my previous school (as identified below) to release information about my financial aid to the Office of Financial Aid at Mt Hood Community College.

Student Signature

Date

B. PREVIOUS SCHOOL: This section to be completed by the financial aid office at the previous school

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 MHCC's Office of Financial Aid at finaid.mail@mhcc.edu