

Date: _____

Robeson Community College

Request for Institutional Assistance

Name _____

Social Security/School ID _____

Address _____

Phone _____ Program _____

Do you have bachelor's degree?

____ Yes ____ No

Current Financial Aid Application

____ Yes ____ No

{Application will not be considered without current
FAFSA on file}

**Have you reached your Pell lifetime
eligibility (6 years or 12 semesters)?**

____ Yes ____ No

{Application will not be considered if you have
reached your limit.}

Do you receive any other assistance?

{i.e: WIA, TRA, VA, Scholarship}

Explain why you need extra financial assistance?

The maximum amount 900.00

Specialist Signature: _____ Date _____