

STUDENT AGREEMENT

THE CHANCELLOR OF THE OHIO BOARD OF REGENTS (the "CHANCELLOR") TANF EDUCATIONAL AWARDS PROGRAM (TEAP)

As a condition of accepting any TEAP services, I accept the following responsibilities:

I am a student who is (check one):

- A parent of a minor child who is an Ohio resident
- A legal guardian, or specified relative of a minor child who is an Ohio resident
- A woman who is pregnant
- A non-custodial parent of a minor child who is an Ohio resident

I am a student in an undergraduate program during the 2008-2009 academic year, a U.S. citizen, an Ohio resident and enrolled at an Ohio higher educational institution which has been selected to participate with the CHANCELLOR in this program. I am not currently serving a term of imprisonment. I have not applied for and am not currently receiving this award through any other Ohio campus.

I am attending one of the following colleges on a full-time or part-time basis: Lorain County Community College, Hocking College, Owens Community College or Sinclair Community College.

I have completed a Free Application for Federal Student Aid (FAFSA) to determine TANF eligibility for the TEAP and am willing to provide information and documentation to verify information on the FAFSA form if requested by the campus.

I have an Expected Family Contribution (EFC) of zero (0) in order to meet the income level required for TANF eligibility for the TEAP.

I will make every effort to complete all courses in which I am presently enrolled with a C or better in graded courses or a 'pass' in pass/fail courses. I understand TEAP payments will be provided to eligible students at an eligible Ohio higher education institution and based on progress in successfully completing college level coursework. If I do not complete the courses as stipulated, I understand TEAP campus personnel along with established campus policies will determine if I am allowed to continue to be awarded TEAP funds.

I understand these incentive payments are based on my part-time or full-time status at an eligible Ohio higher education institution. I understand a part-time student is defined as one who is taking at least six (6) credit hours but less than twelve (12) credit hours, and a full-time student is defined as one who is taking twelve (12) or more credit hours.

I understand a part-time student shall receive a payment of Four Hundred Fifty and 00/100 Dollars (\$450.00) per semester or Three Hundred and 00/100 Dollars (\$300.00) per quarter. I understand this payment will be made upon successful completion of the college level coursework.

I understand a full-time student shall receive a payment of Nine Hundred and 00/100 Dollars (\$900.00) per semester or Six Hundred and 00/100 Dollars (\$600.00) per quarter. I understand this payment will be made upon successful completion of the college level coursework.

Altogether, during the program, a successful part-time student could receive a maximum total award of Nine Hundred and 00/100 Dollars (\$900.00) per year, and a successful full-

time student could receive a maximum total award of One Thousand, Eight Hundred and 00/100 Dollars (\$1,800.00) per year.

I will register for at least 6 credit hours and notify the financial aid office if I drop below 6 credit hours during the time I am eligible to receive TEAP funds.

I will make every effort to attend my scheduled classes regularly and will seek additional support, such as tutoring, if needed.

I am willing to participate in an exit interview, upon successful completion of college level coursework, with the appropriately assigned TEAP campus personnel. For data collection purposes, I am willing to inform the campus of any other TANF related services I am presently or was formerly receiving or in which I am presently or was formerly enrolled. I am willing to inform the campus of any other financial aid or fiscal related assistance services I am presently receiving, i.e. WIA, PELL, etc. I authorize the college to release any and all grade information to the CHANCELLOR should it be requested.

I understand that by receiving this incentive payment, other financial aid I may be receiving may be adjusted so that I may owe the campus additional money. I may also receive reduced government benefits as a result of accepting this award. I am responsible for understanding any changes that could occur and any future debts or reduction in benefits that could result from participating in TEAP.

I understand if any portion of this student contract is not honored that I may be asked to refund all or any part of the TEAP funds that I receive and not honoring any portion of this contract may prohibit me from being eligible for continued or future TEAP services.

In compliance with the Family Educational Rights and Privacy Act (FERPA) of 1974 as amended, information held by the campus may not be released to a third party without written permission. I authorize the campus and the CHANCELLOR to access my college/university academic, financial and enrollment records. The campus and the CHANCELLOR will maintain student confidentiality and will use the information solely for documentation of participation in services provided, confirming college enrollment and for purposes of institutional research.

My signature below indicates that I have read this agreement and agree to all the conditions listed within.

(Student Signature)

(Social Security Number)

(Date)

TO BE COMPLETED BY TEAP CAMPUS PERSONNEL:

CAMPUS:	
TEAP PERSONNEL ASSISTING:	DATE:
STUDENT'S NAME (print clearly):	DATE ENROLLED: