



PHEAA Grant School Change Form

Financial Aid Office
7373 Admiral Peary Highway
Cresson, PA 16630
Office (814) 886-6357 Fax (814) 886-6463
Email: financialaid@mtaloy.edu

Student Name

Social Security Number

Permanent Address

Date of Birth

City

State

Zip Code

Award Year: _____

- Fall & Spring Semester
- Fall Semester only
- Spring Semester only

Housing Status: (Check one)

- Dormitory
- Off-Campus Living away from home and not in dormitory housing.
- Commuter Living at home with parents.

- Full-time
- Part-time

By signing this statement, I authorize Mount Aloysius College to request and receive any and all information contained in my **2020-2021** PHEAA State Grant Record on file with the Pennsylvania Higher Education Assistance Agency. I understand that all information submitted to PHEAA may be released to the institution listed above for the purpose of evaluating my eligibility for financial assistance. I further authorize PHEAA to forward to Mount Aloysius College all information on the Application and all information subsequently submitted to or acquired by the Agency.

Student's Signature

Date