



2018-2019 Policy Certification

FINANCIAL AID OFFICE

366 Luna Drive • Las Vegas, NM 87701

(505) 454-2560 • (800) 588-7232 ext. 1036

FAX: (505) 454-2539 • EMAIL: finaid@luna.edu

Please read the entire form, complete, and return to the Financial Aid Office. By law, Luna Community College has the right to request this information before awarding financial aid. *Incomplete worksheets and documentation will cause delays in processing your financial aid. No determination of aid eligibility can be made until all documents are received and reviewed.* **Warning: If you purposely give false or misleading information on this form, you may be fined, be sentenced to jail, or both.**

STUDENT'S NAME: _____ LCC ID #: _____
(Print)

By my signature below, I certify that the LCC Financial Aid Office has informed me of the following policies and publications. In addition, I have also been made aware of the information regarding Gainful Employment for the Institution's certificate programs.

SATISFACTORY ACADEMIC PROGRESS POLICY (<https://www.luna.edu/financial-aid/>)

RETURN OF TITLE IV FUNDS POLICY (<https://www.luna.edu/financial-aid/>)

ANNUAL CRIME STATISTICS/ DRUG FREE AWARENESS POLICY (<https://www.luna.edu/financial-aid/>)

Gainful Employment Disclosures (https://luna.edu/gainful_employment_data/)

I am aware that I must review this information found on the LCC webpage or obtain a hard copy from the Financial Aid Office.

Student's Signature

_____/_____/_____
Date