LONG ISLAND BUSINESS INSTITUTE
The College for Professional Business Careers

___New Student ___Continuing Student ___Returning Student

Student Name: _____**ID#**_____**SS#**____-____-__

Program: _____ **Start Date**: ____/____/_____

G.P.A _____**Semesters Completed:** _____**Graduation Date:** ____/____/____

Prequalification is based on a review of:

Processes by: _____ **Signature:** _____ **Date:** ____/____/____

maximum award $750 per semester

____**degree completion GPA**

____**credits scheduled in semester**

____**meeting SAP**

FOR OFFICE USE ONLY

Financial Aid Associate Director: _____**DATE**:_____/_____/____

Approved _____Denied_____

Financial Aid Director: _____**DATE:** ____/_____/____

Approved _____Denied_____

Final Determination (Financial Aid Director)

_____Approved _____Denied/Explanation:_____

Amount of Grant: _____ Semester dates for Grant distribution___/___/___-___/___/___