

MOORPARK • OXNARD • VENTURA  
FINANCIAL AID OFFICE

LIFETIME PELL ELIGIBILITY FORM

Student's Name \_\_\_\_\_

Student ID # \_\_\_\_\_

The U.S. Department of Education (DOE) has established regulations which limit the duration of a student's eligibility to receive a federal Pell Grant to a maximum of 12 full-time semesters (or its equivalent). A student has **6 years** (12 full-time semesters) of total Pell Grant lifetime eligibility. This applies to all students and includes *all* years Pell was received at all schools. (Pell payments are added together for all colleges attended anywhere.)

Because you are close to reaching or have exceeded these lifetime Pell Grant limits, please log on to the [National Student Loan Data System \(NSLDS\) Student Access Web site](#) using your [Federal Student Aid PIN](#) and review your Lifetime Eligibility Used (LEU). LEU will be found on the Financial Aid Review page.

**After reviewing your Pell Grant Lifetime Eligibility Used (LEU), please select one of the options below, sign, date and submit this form to the Financial Aid Office.**

Based on current federal regulations,

- ☐ I understand that I have exceeded my Pell Grant lifetime eligibility and will no longer be eligible to receive a Pell Grant, regardless of income, appeal status, etc.
- ☐ I understand that I have limited remaining Pell Grant lifetime eligibility and understand that I will not be eligible to receive a Pell Grant once I reach 600% lifetime limit, regardless of income, appeal status, etc. Based on this information, I still wish to receive any remaining Pell Grant eligibility for attendance at Ventura County Community College District.
- ☐ I understand that I have limited remaining Pell Grant lifetime eligibility and understand that I will not be eligible to receive a Pell Grant once I reach 600% lifetime limit, regardless of income, appeal status, etc. Based on this information, I wish to decline my Pell Grant eligibility and do not wish to accept a Pell Grant for attendance at Ventura County Community College District. Furthermore, by choosing to decline my Pell Grant, I understand that I may not be eligible to receive a Supplemental Educational Opportunity Grant (SEOG) even if I meet all other criteria for this fund. Also, I understand that there is no guarantee that I will have eligibility for a Pell Grant in future years, as I will be required to complete a FAFSA each year, and meet all eligibility requirements for that year.

By signing below, I acknowledge that I have reached this decision of my own accord, having reviewed the information pertaining to my lifetime Pell LEU.

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

**FOR OFFICE USE ONLY**

☐ Approved ☐ Denied

By: \_\_\_\_\_ Date: \_\_\_\_\_