

Gavilan College
Pell Lifetime Eligibility Acknowledgement

Aid Year: _____
Tracking Codes (select one)
OLEUW: Pell at 300% or more
02: Student Initiated
Status: **S**

Name: _____ Student ID: _____

Phone # _____

Email _____

Effective July 1, 2012, students are limited to 600% (or the equivalent of 12 full-time semesters) of Pell grant eligibility in a lifetime. The eligibility calculation includes all Pell grants you have received at any college or university.

INSTRUCTIONS: Determine your Pell Grant Eligibility Used.

- Go to https://www.nsls.ed.gov/nsls_SA/SaPrivacyConfirmation.do
- You will need your FSA ID to log into NSLDS. To create an FSA ID, click on the "Create an FSA ID" tab and follow the instructions.
- Under the "Login to NSLDS tab", Enter your FSA ID and Password.
- Click "Login".
- Your Loan & Pell history will appear.
- Print LOAN & PELL history for your records, if you'd like.

According to my NSLDS information, my Pell Lifetime Eligibility Used is: _____ %. Enter 0% if you've never received Pell Grant. Percentages are calculated as follows:

Two full-time semester Pell awards (e.g. Fall, Spring) = 100%

One semester full-time award = 50%

One semester $\frac{3}{4}$ time award = 37.5%

One semester $\frac{1}{4}$ time award = 25%

If you've received Pell Grant, calculate remaining eligibility:

600% - _____ % you've received = _____ % Remaining

There are Pell Lifetime Limits in place. The maximum amount of Pell Grant I may receive is equivalent to **12 full-time** semesters (or 6 full-time years of PELL).

If your educational goal is to **transfer**, you have the option of not receiving PELL GRANT at Gavilan College and preserving it for future eligibility. If you decide to preserve PELL, you must inform the Financial Aid Office of this decision via a typed statement.

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Please indicate the action you'd like to take with your Pell Grant:

☐ **Accept Pell Grant:** I want to receive the remaining amount of Pell grant that I am eligible for during the _____ academic year. I understand the total amount may be less than 100% of the normal award.

☐ **Decline Pell Grant:** I do not want to receive my remaining Pell grant at Gavilan College for the academic year: _____. I have _____% remaining.

Reason for Declining Pell

☐ I want to save my Pell Grant for transfer to four-year university.

Transfer Semester: _____

School Transferring to: _____

☐ Other: _____

By signing this form I understand there is a 6 year Pell Lifetime limit. I authorize Gavilan College Financial Aid Office to perform the option I have chosen above.

Student Signature

Date

****EXAMPLE LIFETIME PELL ELIGIBILITY CALCULATION****

Award Year	Enrollment		Semesters Used	% Used	Lifetime Pell Used
2015-16	Fall	Full time	1	50%	50%
	Spring	Full time	1	50%	100%
2016-17	Fall	Full time	1	50%	150%
	Spring	Full time	1	50%	200%
	Summer	Half time	.5	25%	225%
2017-18	Fall	Full time	1	50%	275%
	Spring	Full time	1	50%	325%
Totals			6.5		325%

Financial Aid Staff Use:

☐ RRAAREQ: Tracking Code 0LEUW or 02, Status: **S**

☐ RPAAWRD: "Award Schedule" - Lock Pell at \$0 for terms (If Pell declined only).

☐ RHACOMM: File notes

Staff Initials: _____ Date: _____