

Financial Aid Office 106 Suffolk Circle Cobleskill, NY 12043 Phone 518-255-5623 Fax 518-255-5844 Financialaid@cobleskill.edu

2018-2019 Pell Grant Limit Warning

Based on data provided by the U.S. Department of Education through the National Student Loan Data System (NSLDS), it has been determined that you may be close to, or have received the maximum number of federal Pell Grant payments.

The duration of all students' Pell Grant eligibility is 6 years (or its part-time equivalent). This applies to all Pell Grant eligible students, without regard to when they received their first Pell Grant.

Please review this form, sign and return it to the Financial Aid Office so we may continue to process your application. This is NOT a confirmation of eligibility. You will be notified of your eligibility after your documents are processed. Please contact us with questions.

Student Name		Student ID #
DOB		SSN
cent of federal Pell G	rants received:	%
Please note: 100% is equal to	one year of Pell as a full-time student, with	h 600% being the maximum lifetime amount of Pell a student may receive.
ne student eligible for	future Pell Grants:	es 🗆 No
If yes, indicate p	ercentage of Pell eligibility rema	aining%
If no, write reaso	n here:	
•		student's NSLDS record on:/
s information has bee	,	
s information has bee		phomore \square
s information has bee	Freshman So	
s information has bee		es 🗆 No 🗆

I acknowledge that I have been notified of my federal Pell Grant limits and the effect it may have on my federal aid eligibility for the 2018-2019 award year. I understand that I may access my NSLDS record at www.nslds.ed.gov. I understand that it is my responsibility to seek advice regarding eligibility for New York State aid, as the limits differ from federal aid.

Student Signature	Date

Revised: 11/08/2017