



Columbia State Community College  
Office of Financial Aid  
1665 Hampshire Pike  
Columbia, TN 38401  
931-540-8267

DATE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

STUDENT'S NAME & ADDRESS

ACADEMIC YEAR \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

AWARD NOTICE NO. \_\_\_\_\_

Total Expenses:	_____
Family Contribution:	_____
Other Resources:	_____
Total Resources:	_____
Veterans Benefits:	_____
Estimated Other Aid:	_____
Need:	_____
Total Aid:	_____
Unmet Need:	_____

RESPONSE: \_\_\_\_\_ SEMESTER: \_\_\_\_\_

[insert financial aid award to be received ]

This is your financial aid award for the \_\_\_\_\_ academic year. The amount of contributions and resources has been determined from the information you submitted on your financial aid application. The terms of the award are enclosed. Please enter ACCEPT or DECLINE for each award in the response column. **You must sign, date, and return the original copy within ten (10) days from the above date or the award will be canceled.** If you have any questions, please contact the financial aid office at Columbia State Community College (931-540-8267).

Signature \_\_\_\_\_ Date: \_\_\_\_\_