

CORINTH HIGH SCHOOL TUITION GUARANTEE PROGRAM

Our Tuition Guarantee program is coordinated with federal and state aid and scholarship funds to assure that your tuition will be paid for four consecutive regular academic semesters. Your participation under this program is contingent upon your compliance with a few requirements and the availability of program funds.

To take advantage of the Tuition Guarantee program, you must meet the following requirements:

- Graduate from Corinth City High School by the end of May.
- Take the American College Test (ACT) before the end of June.
- Apply for the Mississippi Tuition Assistance Grant (MTAG) at www.ihl.state.ms.us before the end of July.
- Complete the Free Application for Federal Student Aid (FAFSA) at www.fafsa.ed.gov before the end of July.
- Enroll in Northeast Mississippi Community College for the fall semester following your high school graduation as a full-time student (at least 12 academic hours).

Tuition Guarantee Assistance will only be used after all applicable federal, state, and scholarship funds have been applied toward your tuition.

The Tuition Guarantee program is available to you for four consecutive, regular semesters (summer school is not included in the program) beginning with the fall semester of your freshmen year. This application will cover your two freshmen semesters. You must apply again next year for assistance during your sophomore year.

To continue to receive Tuition Guarantee assistance under this program, you must:

- Maintain full-time status (at least 12 hours per semester)
- Earn at least a “C” average (2.0 or higher on a 4.0 scale) each semester

If either one of the above requirements are not met in any semester, you will be removed from the program and will not ever be eligible for Tuition Guarantee program assistance.

By entering the Tuition Guarantee program, you are granting us permission to release grades and or/attendance information to your parents and groups/organizations affiliated with implementing and administering of this program.

Student’s Name (please print): _____

Address: _____

City, State, Zip: _____

Telephone: _____ Social Security Number: _____

ACT Score (required): _____ High School _____

Email Address: _____

Student’s Signature _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Submit this signed agreement to the Financial Aid Office by September 15.