McLennan C O L L E G E						
COLLEGE	2					
		Date:				
		Student ID:				
		Award Year:	20xx-20xx school year			
Dear <b>Market</b> , Your application for financial assistance at McLennan Community College has been reviewed and it is our pleasure to inform you of the assistance we are able to offer you at this time. All awards on this						
notification are estimate	you of the assistance we are all ed based upon full-time enrollm be reduced if your actual enroll	nent, defined as 12	or more hours per semester.			
Budget:	EFC:	Need:				

Awards	Award Total	Fall 20xx	Spring 20xx
Other			
PELL GRANT PROGRAM			
SEOG			
TPEG - RESIDENT			
Total			

The Office of Financial Aid reserves the right to change this offer at any time based on changes in your status or the availability of funding. All recipients of financial aid must be following an approved degree plan, and maintain Satisfactory Academic Progress as defined by the College.

Students receiving some scholarships may receive an additional award notice from the MCC Foundation listing the same scholarships found here.

Please notify the Office of Financial Aid if you are taking coursework from another college, including from our University Center.

**NOTE**: You award letter must cover the semester you are applying for. Award letters run Fall-Summer. Your **2023-2024** award letter will be needed if your apply for Fall 2023, Spring 2024, and/or Summer 2024.