



## NORTH CAROLINA COMMUNITY COLLEGE SYSTEM

*R. Scott Ralls, Ph.D., President*

May 1, 2008

**Response Deadline: July 10, 2008**

**To:** Directors of Financial Aid  
Vice Presidents/Deans of Student Development  
Business Officers

**From:** Monty K. Hickman, Associate Director of Financial Aid  
Student Development Services

**Subject:** **Less-Than-Half-Time Funds End of Year Report**

The State Board of Community Colleges adopted revised "Policies" for the administration of student financial aid programs including the Less-Than-Half-Time Grant Funds at its August 15, 2003 meeting. The allocated amount of \$262,806 to colleges will provide need-based assistance to students whose enrollment status is less-than-half-time and are enrolled in a certificate, diploma, or associate degree program.

All colleges receiving these funds must report to the System Office after June 30<sup>th</sup> of each year, the number of students assisted; by enrollment status and the amount of funds expended and unexpended. **This report has been attached and is due by July 10, 2008.** If your college did not request funds for the 2007-08 year, please indicate this and return the signed form. We would appreciate receiving your reports as soon as you complete them in advance of the deadline. Your report may be returned to me at the following address:

**Contact Information:**

Monty K. Hickman, Associate Director of Financial Aid  
5016 Mail Service Center, Raleigh, NC 27699-5016

E-mail: [hickmanm@nccommunitycolleges.edu](mailto:hickmanm@nccommunitycolleges.edu)

Office: (919) 807-7195

Fax: (919) 807-7173

If you have questions, please feel free to contact me at (919) 807-7195. Thank you in advance for your assistance in administering this program.

MKH/smb  
Attachment

c: Presidents  
Dr. Delores A. Parker  
Mr. Kennon Briggs  
Mr. Van Wilson  
Ms. Wanda White

**CC08-098**  
**EmailCopy**

**Reporting Deadline: July 10, 2008**

Community College: \_\_\_\_\_

Submitted by:

\_\_\_\_\_  
 Typed or Printed Name Title Contact Phone Number Date

Check one: Funds were requested and used as follows: \_\_\_\_\_  
 Funds were NOT requested, No report required \_\_\_\_\_

Part 1. Complete each line below for each Certificate, Diploma or Associate Degree Program.

Name of Certificate, Diploma or Associate Degree Program	Noncredit = N	# of Students Funded	# of Student Completers	# of Students Continuing	# of Students Dropped/Withdrawn	Amount Expended for this Program
	Credit = C					
<b>Totals</b>						

Part II. Unexpended/Unencumbered balance in institutional General Ledger as of 6/30/08.