

STUDENT INFORMATION

Student Name: _____ Student ID: _____

Physical Address: _____ City: _____ State: _____ Zip: _____

 Telephone Number: (____) _____ Date of Birth: ____/____/____ Male Female
 (Circle One)

 Degree Program: Associate Certificate Other (please specify): _____

Enrollment Status:
 Please indicate how many credits you plan on taking
Fall/Spring 2018-2019
 12 or more credits 9-11 credits 6-8 credits 1-5 credits
Summer 2019
 YES **Half-time (6-8 cr) will be assumed if you indicate "YES" for summer.**
 NO

 I would like to be awarded: Loans Workstudy Both Loans and Workstudy Neither (assumed if question is not answered)

 Housing while attending FVCC: With Parent/Family On Campus Off Campus

 Yes No Will you have earned a BACHELOR'S degree as of July 1, 2018?

 Yes No Will you incur childcare expenses for the 2018-2019 academic year?

 Yes No Will anyone in your household receive BAS as a result of military employment between July 1, 2018 and June 30, 2019?

EDUCATIONAL RESOURCES

List all expected resources, other than Federal financial aid, available to meet expenses during the term(s) financial aid is desired. If the exact amount is unknown, but you know that the agency will be covering tuition, fees and books, simply write in "T.F.B." for the estimated amount.

NOTE: All students must complete this section with the best estimates possible. Married students should NOT include a spouse's resources.

Resource Description

Veterans Benefits (Circle One) Chapter: 30 31 33 35 1606 NONE estimated amount per semester \$ _____

 Vocational Rehabilitation Benefits Yes No estimated amount per semester \$ _____

 TAA, WIA, or Other 3rd Party Funding Yes No estimated amount per semester \$ _____

 Bureau of Indian Affairs Grant Yes No estimated amount per semester \$ _____

 Other Benefits (Source: _____) Yes No estimated amount per semester \$ _____

Scholarships (list the names and amounts of 2018-2019 scholarships) _____

OTHER POST-SECONDARY ATTENDANCE

 Have you attended or do you plan to attend any other post-secondary institution between July 1, 2018 and June 30, 2019? Yes No

 Will you have a consortium agreement with another institution during the 2018-2019 academic year? Yes No

If yes, complete the box below. Please note, you CANNOT collect financial aid from two schools during the same semester.

INSTITUTION	CITY & STATE	DATES OF ATTENDANCE

CERTIFICATION AND SIGNATURE

I understand that any financial aid that is accepted will be credited to my college student account to pay institutional charges including bookstore charges.

By signing this form, I certify that all the information reported to qualify for Federal and State financial student aid is complete and accurate.

WARNING: If you purposely give false or misleading information on this form, you may be fined, sentenced to prison, or both.

Student's Signature: _____ Date: _____