

# Financial Aid Data Sheet 2009-2010

**ANSWER ALL QUESTIONS.** Indicate if the answer is no, not applicable, none, unknown or zero.  
**Your file is not complete if this form has unanswered questions.** After completing, please read and sign the Certification Statement on the reverse, and submit to the Financial Aid Office.

## Personal Information

NAME \_\_\_\_\_ PREVIOUS LAST NAME(S) \_\_\_\_\_  
LAST FIRST MIDDLE INITIAL

STUDENT I.D. NUMBER **9 6 5** - - - - - AGE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_

Social Security Number \_\_\_\_\_ - - - - - SEX:  Female  Male

Where will you live while attending college during 2009-2010?  With parents or relatives  Not with parents or relatives

In what state do you hold residency? \_\_\_\_\_ List the date you began living in Washington state (month/year): \_\_\_\_/\_\_\_\_/\_\_\_\_

ADDRESS: *Your mailing address while attending college. If you receive mail at a P.O. box, you must list a street address as well as a box number.*

NUMBER \_\_\_\_\_ STREET \_\_\_\_\_ APT. NO. \_\_\_\_\_  
( )  
 CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ AREA CODE & TELEPHONE NUMBER \_\_\_\_\_

**Please notify the Registrar's Office and the Financial Aid Office of any change of name, address or telephone number.**

Indicate your current marital status (check one):  Single  Married  Separated  Divorced  Widowed

Number of dependent children who live with you: \_\_\_\_\_ Ages: \_\_\_\_\_

While attending Shoreline Community College will you pay for day care?  No  Yes Cost per month: \$ \_\_\_\_\_

Will another agency or individual pay for the day care expenses?  No  Yes, \$ \_\_\_\_\_ per month

## Enrollment Plans and Academic Information

**IMPORTANT! Financial aid is available for part-time enrollment (less than full time).**

Full-time (12 or more credits) ¾-time (9-11 credits) ½-time (6-8 credits) Less than ½-time (fewer than 6 credits)

1. Enter the number of credits you will take each quarter during the 2009-2010 school year. If zero, write 0.

**Summer 2009** \_\_\_\_\_ # Credits **Fall 2009** \_\_\_\_\_ # Credits **Winter 2010** \_\_\_\_\_ # Credits **Spring 2010** \_\_\_\_\_ # Credits

**NOTE:** Financial aid will be reviewed for **ONLY** the **quarters with credits entered.**

2. Name of your program of study at SCC: \_\_\_\_\_

**Students must be pursuing an eligible degree, certificate, or program of study at Shoreline to receive financial aid.**

3. Intent code: \_\_\_\_\_ A list of intent codes is available in our office or at [www.shoreline.edu/shoreline/programcodes.html](http://www.shoreline.edu/shoreline/programcodes.html).

Two-year degree  One-year certificate  Applicant to a professional/technical program

4. Estimated date you will finish your program at Shoreline (month/year): \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

5. Are you a high school graduate?  Yes Year Graduated: \_\_\_\_\_  No

6. Do you have a GED certificate?  Yes Date: \_\_\_\_\_  No **(NOTE:** If you have not earned a high school diploma or GED certificate, you must submit a copy of your ASSET or COMPASS test scores.)

## Types of Aid

1. In addition to grants, are you interested in student loans (which you must pay back)?  Yes  No

**NOTE:** A separate loan form is required: The 2009-10 Federal Direct Student Loan Request, available in our office or at [www.shoreline.edu/financialaidforms.htm](http://www.shoreline.edu/financialaidforms.htm)

2. In addition to grants, are you interested in student employment ("work-study")?  Yes  No

**CONTINUED ON OTHER SIDE** ➡

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## Other Schools

1. LIST ALL educational institutions you have attended **AFTER** high school, including Shoreline Community College.

School (Please spell out name) City, State	Program of Study/Major	Degree Received	Credits Received	Dates Attended

2. Have you attended, or will you attend another college between July 1, 2009 and June 30, 2010?

NO

YES — If yes, name of college: \_\_\_\_\_

If yes, what quarters did you, or will you attend there in 2009-2010?  Summer 2009  Fall 2009  Winter 2010  Spring 2010

**TRANSFER STUDENTS (AS and AAS Degrees):** Official academic transcripts **must** be evaluated by the **Admissions Office** for transferable credits; Admissions will submit the evaluation to Financial Aid. Transcripts over 10 years old do not need to be evaluated. **Transfer Degree Request for Transcript Evaluation** form is available in the office or at [www.shoreline.edu/financialaidforms.htm](http://www.shoreline.edu/financialaidforms.htm) (Your financial aid will not be awarded until our office receives the evaluation from Admissions.)

## Outside Resources/Scholarships

Do you, or will you, receive any **outside resources** (such as DVR, Veteran's Benefits, Workforce Education), **scholarships**, or **BIA** (Bureau of Indian Affairs) funding between July 2009 and June 2010?

No  Yes (If yes, list them below)

Name of Agency: \_\_\_\_\_

Amount: \_\_\_\_\_

Frequency (e.g., per month, per quarter): \_\_\_\_\_

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

## Certifications

### Washington State Need Grant Program—Conditions of Award

You are being considered for a Washington State Need Grant. If you receive this grant there are five special conditions, listed below, with which you must comply. If you have questions or find that you cannot comply with these conditions please see the financial aid office at Shoreline Community College.

**1)** You do not owe a refund or repayment on a State Need Grant, a Pell Grant, or a Supplemental Education Opportunity Grant, nor are you in default on a loan made, insured, or guaranteed under the Perkins, National Direct, or Federal Family Education Loan programs. In addition, you are not in default on a loan made through a state conditional loan or conditional scholarship program. **2)** This grant is awarded to assist in meeting your educational expense. Should you withdraw from classes, repayment of all or a part of the grant may be required. **3)** You can choose to voluntarily make financial contributions to the Higher Education Coordinating Board in recognition of this **STATE NEED GRANT**. All voluntary contributions will be used to provide financial assistance to other students. **4)** The offer of a **STATE NEED GRANT** is subject to and conditioned upon the availability of funds. The Higher Education Coordinating Board and Shoreline Community College reserve the right to withdraw, reduce, or modify the grant due to funding limitations or due to changes in circumstances which affect your eligibility for the **STATE NEED GRANT**. **5)** You are not pursuing a degree in theology.

### Authorizations/Certifications:

- I understand that SCC will use financial aid awarded to me to pay tuition and fees associated with my registration. I authorize any credit balance to pay other outstanding charges including: add/drop fees, parking tickets, library fines, dishonored checks, calculator rentals and other campus fees related to classes. I understand that I may cancel or modify this authorization at any time by submitting a written statement to the financial aid office.
- I authorize SCC to use post withdrawal disbursements (Federal Title IV funds earned but not received at the time of withdrawal) to pay other outstanding charges as listed above and minor prior year charges.
- I understand that if I withdraw, or do not complete any credits, that I may owe a repayment of federal or state aid and/or tuition to SCC. I agree to repay all funds owed. I understand that the balance due may be referred to a collection agent and I agree to pay all related costs associated with the collection process.

By signing below, I understand the Conditions of Award and Student Authorizations and Certifications outlined above. I declare that the information submitted is true and complete to the best of my knowledge.

✕ Student Signature \_\_\_\_\_ Date \_\_\_\_\_