



# FINANCIAL AID DATA SHEET

RETURN COMPLETED FORM TO:  
 South Puget Sound Community College  
 Student Financial Services  
 2011 Mottman Road SW  
 Olympia, Washington 98512-6292  
 or Fax (360) 596-5712

INSTRUCTIONS FOR COMPLETING THIS FORM

Read all of the questions carefully. Answer all questions. Do not leave any questions blank. A blank space indicates that you did not answer the question and will delay the processing of your application. After completing the entire application, carefully read and sign the statement of educational purpose and eligibility on page 4.

## GENERAL INFORMATION

Please print

Name: \_\_\_\_\_ Previous Name (s) \_\_\_\_\_  
Last First Middle

Student SS # \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_  
(must be completed)

Student ID # \_\_\_\_\_ Gender:  Male  Female

### 1. Where will you live while attending college in 2012-2013? (Check all that apply.)

- With parent(s)
- With spouse
- With roommate
- Alone
- With children
- Room provided by someone
- Subsidized/Public Housing
- Other \_\_\_\_\_  Military housing
- (specify)

### 2. Address while attending this institution:

Street Address			Mailing Address (if different from physical address)		
City	State	Zip	City	State	Zip
Day Telephone ( )		Alternate Telephone ( )		Email Address	

If you receive mail at a P.O. Box, you must list a street address as well as a Box No.

### 3. Are you a military dependent or are you a non-resident paying resident tuition? Yes No

Did you/spouse/parent receive BAQ in 2011 and/or currently?  Yes  No

### 4. Marital status: Single Married Separated Widowed Divorced

Spouse's name \_\_\_\_\_

Spouse's student ID# (if attending this college) \_\_\_\_\_

Will spouse be a student in 2012-2013 enrolled at least half-time in a degree/certificate program?  Yes  No

At what college? \_\_\_\_\_

**NOTE: We encourage both husband and wife to apply for aid.**

## EDUCATION

Have you attended prior colleges?  Yes  No

List all educational institutions (including South Puget Sound Community College and colleges abroad that you have previously attended or are currently attending) AFTER high school or received college level credits while attending High School. (Include your present college) If more space is required, attach another sheet. Failure to disclose this information may constitute fraud and result in loss of aid eligibility.

School	City, State	Previous Names You Have Used	Date(s) Attended	Degree Received

NOTE: An official credit evaluation of credits completed at other institutions is required. You must request OFFICIAL copies of all previous college, technical school or university transcripts to be sent directly to yourself. Then bring the transcripts in the ORIGINAL SEALED ENVELOPE to the Enrollment Services Office for review. An Application for Transfer of Credits Form must also be completed. If you completed 0 credits at a previous college you can turn in unofficial transcripts to Financial Aid. Your aid cannot be disbursed until this process is completed. The evaluation can take six to eight weeks. You must submit the completed transcript evaluation to the Financial Aid Office.

If you listed any schools above, you must complete the section below:

• Have you submitted official transcripts and an Application for Transfer of Credits to the Enrollment Services Office?

Yes  No If no: date you will submit \_\_\_\_\_

Have you or will you be attending another college between the date of this application and when you plan to enroll at our college? You may not receive aid at two or more colleges concurrently.

If yes, where \_\_\_\_\_

• Do you currently hold a degree?  Yes  No If yes: type \_\_\_\_\_

(i.e. Associate, Bachelor, or Masters)

In this country or your native country, regardless of whether or not the degree is transferrable or from an accredited college.

## WHAT IS YOUR MAJOR AT THIS COLLEGE?

NOTE: You must be pursuing a degree/certificate that is approved and financial aid eligible. (CHECK ONE)

Transfer Degrees	Technical Degrees
<input type="checkbox"/> Associate in Arts Degree (AA)	<input type="checkbox"/> Associate in Applied Science (AAS). Specify Program and Track: _____
<input type="checkbox"/> Associate in Business Degree (AB)	<input type="checkbox"/> Vocational Certificate. Specify Program: _____
<input type="checkbox"/> Associate in Pre-Nursing (APN)	<input type="checkbox"/> Associate Degree in Nursing (ADN) (You may only declare this major if you have been accepted into the program core)
<input type="checkbox"/> Associate in Biology	<input type="checkbox"/> Fire and Emergency Services Technology (FEST) (You may only declare this major if you have been accepted into the program core)
<input type="checkbox"/> Associate in Elementary Education	<input type="checkbox"/> Dental Assisting Technology (You may only declare this major if you have been accepted into the program core)
<input type="checkbox"/> Associate in Science (AS) Option One _____ or Option Two _____	<input type="checkbox"/> Associate in General Studies (AGS)

NOTE: Undecided is not acceptable. See Advising Services if you are unable to answer this question.

Financial Aid will only apply towards classes required for completion of degree or certificate with the exception of remedial classes.

Financial Aid cannot fund some programs the college offers. Please contact the Financial Aid Office if unsure of program eligibility.

Anticipated Program Completion Date: Quarter \_\_\_\_\_ Year \_\_\_\_\_

## TYPES OF FUNDING

In addition to grants, do you want to be considered for:

Workstudy:  Yes  No

Loans:  Yes  No

## PARENTAL AND/OR EMERGENCY INFORMATION

### NOTE: All Applicants Must Complete This Section

List your parents below. If both parents are deceased or reside outside the U.S., check here  AND list the nearest relative (other than a spouse) or other friend we may contact in case of an emergency.

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Relationship \_\_\_\_\_

Relationship \_\_\_\_\_

Telephone \_\_\_\_\_

Telephone \_\_\_\_\_

## DEPENDENT(S) INFORMATION

Do you have dependents?  Yes  No

1. If yes, what age(s) is/are your dependent(s) (DO NOT include spouse) \_\_\_\_\_

2. Will you incur child care expenses?  Yes  No

If no: skip to the next section

If yes: Age(s) of children needing childcare \_\_\_\_\_

3. Estimated cost per month \$ \_\_\_\_\_ Are you in the WorkFirst Program?  Yes  No

**NOTE: All information must be completed if you want to be considered for child care assistance.**

## EDUCATIONAL RESOURCES

Do you have Educational Resources?  Yes  No

Please list any EDUCATIONAL income or benefits you expect to receive/have been awarded during the 2012-2013 academic year. For example: JTPA, JOBS, Employment Security, Scholarships, Department of Vocational Rehabilitation, Labor and Industries, Dislocated Workers Program, Tribal Assistance, etc. DO NOT INCLUDE FINANCIAL AID THAT YOU EXPECT TO RECEIVE, or other income that is not directly related to you attending school.

L.I \$ \_\_\_\_\_ /month

DVR \$ \_\_\_\_\_ /month

ETV \$ \_\_\_\_\_ /year

MY CAA \_\_\_\_\_ /quarter

Tribal \$ \_\_\_\_\_ /month

AmeriCorps \$ \_\_\_\_\_ /quarter

Scholarship \$ \_\_\_\_\_ /Source \_\_\_\_\_

Employment Security \$ \_\_\_\_\_ /quarter

Misc. \_\_\_\_\_

Heroes at Home II \$ \_\_\_\_\_ /quarter

## STATEMENT OF ELIGIBILITY AND EDUCATIONAL PURPOSE

I certify that the information provided on this form is true and complete to the best of my knowledge. I may be asked and must provide proof that this information is correct. If proof is not provided, I may be denied.

I certify that I do not owe a refund on any grant, am not in default on any federal student loan, and have not borrowed in excess of the loan limits, under the Title IV programs, at any institution. I will use all Title IV money received only for expenses related to my study at South Puget Sound Community College.

I understand that I am responsible for repaying any funds I receive which cannot reasonably be attributed to meeting my educational expenses at this institution.

I understand that I must be enrolled in an eligible college major. I understand I must make satisfactory progress (as defined by this institution) toward completion of my college degree or vocational certificate in order to remain eligible for any aid which I might be awarded.

I understand that I must report to the Financial Aid Office any change in credits, or upon withdrawal from this institution, and I also understand that I may owe a repayment or a refund of aid and/or tuition as a result of withdrawing from this institution.

I understand that I may not receive Federal Pell Grant funds at two colleges concurrently.

I understand that if I am convicted of a drug offense, while receiving federal student aid, I may not be eligible for federal student aid. I understand that I can become eligible to receive federal aid by successfully completing an approved drug rehabilitation program or by passing two unannounced drug tests conducted by a drug rehabilitation program that complies with criteria established by the Secretary of Education.

I understand that if I provide false or misleading information, I may be reported to the U.S. Department of Inspector General and/or the Vice President for Student Services.

Signature \_\_\_\_\_

Date \_\_\_\_\_



Students who need disability accommodations should contact Disability Support Services by email [dss@spscc.edu](mailto:dss@spscc.edu) or call 360-596-5394 or TTY 360-596-5439.

South Puget Sound Community College's equal opportunity policy prohibits discrimination against, in our services and in employment, any person on the basis of race or ethnicity, creed, color, national origin, sex, marital status, sexual orientation, age, religion, Vietnam era or disabled veteran status, or the presence of any sensory, physical or mental disability except in the case of a bona fide occupational qualification.