

**North Seattle Community College**  
Financial Aid Services  
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Seattle, WA 98103  
(206) 527-3688

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Division of Student Financial Services  
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Seattle, WA 98122  
(206) 587-3844

**South Seattle Community College**  
Financial Aid Office  
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Seattle, WA 98106  
(206) 764-5317

**Seattle Vocational Institute**  
Financial Aid Office  
2120 South Jackson  
Seattle, WA 98144  
(206) 587-4978

# Financial Aid Data Sheet 2009-2010

**Complete and Return to the Financial Aid Office**

## Instructions for Completing this Form

**READ THE QUESTIONS CAREFULLY. ANSWER ALL QUESTIONS COMPLETELY AND TRUTHFULLY.**

You may be required to provide documentation to support your answers. Indicate if the answer to a question is "no, not applicable, none, unknown, or zero".

**DO NOT LEAVE ANY SPACE BLANK.**

**YOUR FILE IS NOT COMPLETE IF THIS FORM HAS UNANSWERED QUESTIONS.**

## Section 1

*Please print*

NAME: _____				Previous Last Name(s) _____	
LAST	FIRST	MIDDLE			
Social Security Number _____		Age _____		Birthdate _____	
GENDER: <input type="checkbox"/> Male <input type="checkbox"/> Female		e-mail address, if any _____			
MARITAL STATUS: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed					
SID Number _____					
<b>Where will you live while attending college during 2009-2010? CHECK ONE ONLY.</b>					
<input type="checkbox"/> with parents <input type="checkbox"/> in Public or Section 8 housing <input type="checkbox"/> free housing <input type="checkbox"/> I own my home <input type="checkbox"/> I rent by myself <input type="checkbox"/> I share a rental					
What is your share of rent/mortgage? \$ _____ Average Share of Monthly Utilities ( heat, water, electricity ) \$ _____					
(Do not include amounts paid by other people in the household)					
<b>Your address while attending college.</b> If you receive mail at a P.O. Box, you must list a street address as well as Box Number.					
_____		_____		_____	
NUMBER		STREET		APT. NO.	
_____		_____		( )	
CITY		STATE		ZIP	TELEPHONE NUMBER
_____					
<b>PLEASE NOTIFY THE FINANCIAL AID OFFICE OF ANY CHANGES OF NAME, ADDRESS AND TELEPHONE NUMBER</b>					

## Section 2

In what State do you hold residency? _____	
When was the last time you moved to and began living in Washington State? _____ (month/year)	
Are you the spouse or dependent of an active-duty military person stationed in the State of Washington? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you a Native American who is a resident of Oregon or Idaho, but qualifies for Washington resident tuition rates? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, list tribal affiliation _____	

### Section 3

What year in college will you be?  First (0-45 credits)  Second or More (46-90+ credits)

What degree or certificate program are you pursuing at this school? CHECK ONE ONLY.

- Associate of Arts degree (Transfer to 4 year) (Specify area of study) \_\_\_\_\_
- Associate of Science degree (Transfer to 4 year) (Specify area of study) \_\_\_\_\_
- Associate of Applied Science degree (AAS) (List Vocational program) \_\_\_\_\_
- Bachelor of Applied Science in Applied Behavioral Science (Central Campus Only) \_\_\_\_\_
- Bachelor of Applied Science degree Hospitality Management (South Campus Only) \_\_\_\_\_
- Certificate (List Certificate program) \_\_\_\_\_

Estimate when you will complete the program you selected above. Month/Year \_\_\_\_/\_\_\_\_

Do you presently hold a college degree?  Yes  No If yes, what type:  Associate – 2 yr.  Bachelor – 4 yr.  
Include degrees received outside the U.S.

#### Academic Information

High School Graduate?  Yes  No Mo./Yr. graduated \_\_\_\_/\_\_\_\_ High School name \_\_\_\_\_

– OR –

GED Certificate?  Yes  No Mo./Yr. received \_\_\_\_/\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

If no H.S. Diploma or GED, will you be in a High School Completion Program or Running Start during 2009-2010?  Yes  No

*Students participating in the High School Completion or Running Start Program are not eligible for financial aid.*

### Section 4

LIST all colleges or schools you have attended SINCE high school, including this college, and any college outside the U.S.

Complete all requested information. If this section does not apply to you, check the following box:

I certify that I have never attended any college, university, trade or technical school, including present or past attendance at this school.

School	City, State	Previous Names You have used	Degree Received	Dates		No. of Credits Earned	Did You Receive aid?
				From	To		

North requires unofficial **grade transcripts** from each college attended within the past 5 years. These documents must be received before your file is "complete."

South requires an **official transcript evaluation** to be completed for all colleges previously attended before your file is "complete."

## Section 5

### Family Information for All Students

Do you have dependent children?  Yes  No Ages \_\_\_\_\_

Do you have daycare expenses for the children listed above?  Yes  No How much do you pay monthly? \_\_\_\_\_

Do you have adult daycare expenses for parents who live with you?  Yes  No How much do you pay monthly? \_\_\_\_\_

Does an agency pay for all or part of your daycare?  Yes  No How much each month? \_\_\_\_\_

### Married Students Only

Spouse's Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Date of Marriage: \_\_\_\_\_ Will your spouse be a college student in 2008-2009?  Yes  No

If yes, at what college or institution? \_\_\_\_\_

Has your spouse applied for financial aid?  Yes  No

## Section 6

### Parental Information: All applicants must complete this section

If both parents are deceased, check here  and complete the last question in this block. **OTHERWISE** complete entire block.

Provide parents' name, address and telephone number (if living outside the United States, list only name and country)

_____	_____
MOTHER'S NAME	FATHER'S NAME
_____	_____
ADDRESS	ADDRESS
_____	_____
CITY / STATE / ZIP	CITY / STATE / ZIP
( )	( )
_____	_____
TELEPHONE	TELEPHONE

List nearest relative or friend whom we could locate in case of an emergency :

_____	( )	
NAME	ADDRESS	TELEPHONE

## Section 7

### Veteran Information:

Are you a veteran?  Yes  No

If yes, have you applied for Veterans Benefits? (You may need to provide verification of such benefits.)

Yes What Chapter? \_\_\_\_\_ Monthly Amount \_\_\_\_\_

No Why not? \_\_\_\_\_

## Section 8

### **Statement of Eligibility and Educational Purpose. All students must complete this statement. READ CAREFULLY!**

I certify that I do not owe a refund on any grant or loan, am not in default on any loan or have made satisfactory arrangements to repay any defaulted loan, and have not borrowed in excess of the loan limits, under Title IV programs, at any institution.

I understand that I must be enrolled in an eligible degree or certificate program of study at this college which is at least two quarters in length. I understand I must make satisfactory academic progress (as defined by the financial aid office) toward completion of my college degree or vocational certificate in order to remain eligible for any aid which I might be awarded. Furthermore, I understand that if I withdraw from the college, that any tuition refund will be returned to the appropriate financial aid account(s). I may also owe a repayment of a portion of the aid received, and I agree to repay all funds owed. I also agree to notify the financial aid office before processing a withdrawal from the college.

I certify that I am not and will not receive financial aid concurrently at more than one college.

This institution reserves the right to withdraw, reduce, or modify my award due to funding limitations or due to changes in circumstances which affect my eligibility.

I agree to notify the Financial Aid Office immediately of any change in my address or in my financial status.

#### **If awarded a State Need Grant, I certify that I will comply with the following Conditions of Award:**

1. I am a resident of the State of Washington, in accordance with RCW 28B.15.011-013;
2. I do not owe a refund or repayment on a State Need Grant, a Pell Grant, Academic Competitiveness Grant, SMART Grant or a Supplemental Education Opportunity Grant, nor am I in default on a loan made, insured, or guaranteed under the Federal Family Education Loan Program, the Federal Perkins Loan Program, or the Federal Direct Student Loan Program;
3. I am registered at least three credits at this institution and am making satisfactory progress toward completion of my degree or certificate.
4. I understand that this grant is awarded to assist in meeting educational expenses and should I withdraw from classes, repayment of all or part of the grant may be required;
5. I understand that when I am able, I can voluntarily make financial contributions to the Higher Education Coordinating Board in recognition of the STATE NEED GRANT, and that these gifts will be used to provide financial assistance to other students: and
6. I understand that the offer of a STATE NEED GRANT is subject to and conditioned upon the availability of funds. Further, I agree that the Higher Education Coordinating Board and this institution reserve the right to withdraw, reduce, or modify the grant due to funding limitations or due to changes in circumstances which affect my eligibility for the STATE NEED GRANT.
7. I am not pursuing a degree in theology.

I certify that the information provided in this application and other financial aid documents represents full disclosure and is true and correct to the best of my knowledge. I understand that failure to fully disclose all requested information or reporting false information is grounds for denial of aid. I also understand the financial aid office is required to report such actions to the appropriate law enforcement agencies for possible criminal prosecution.

I authorize the college to apply my financial aid toward my tuition and fees. This authorization is valid indefinitely unless rescinded in writing by me, which I understand may be done at any time.

I certify that I have received, read, understand, and take full responsibility for the financial aid consumer information provided by the college.

I will use all Title IV, state and college money received only for expenses related to my study at

**Name of College:**     North             Central             SVI             South

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

***WARNING: If you purposely give false or misleading information, you may be subject to a fine of up to \$20,000, sent to prison, or both.***

Information in this publication is subject to change without notice. Please contact the Financial Aid Office if you have any questions.