

DEMOGRAPHIC INFORMATION

In what state do you hold residency? _____ If Washington, how many consecutive years and months will you have lived in the state immediately prior to September 1, 2009? Years _____ Months _____

Where will you live while attending college in 2009-2010?

Parent's residence Applicant's apartment/home Other _____ Explain _____

PARENTAL INFORMATION

Note: All applicants **MUST** complete this section. (For office use only)

If both parents are deceased or reside outside the U.S., check here and list the name of your nearest relative or other person who would know how to locate you and state his/her relationship to you.

Mother's Name _____ Father's Name _____

Address _____ Address _____

City, State, ZIP _____ City, State, ZIP _____

Telephone Number _____ Telephone Number _____

SINGLE/ DIVORCED/ SEPARATED STUDENTS ONLY

Check one: Single Divorced Separated Widowed

Number of dependent children who live with you _____

Ages _____

Date of Divorce or Separation _____

Former spouse's name _____

Former spouse's address:

Number _____ Street _____ Apt. No. _____

City _____ State _____ ZIP _____

MARRIED STUDENTS ONLY

Number of dependent children who live with you _____

Ages _____

Spouse's name _____

Spouse's age _____ Date of marriage _____

Will spouse be a student in **2009-2010**? Yes No

Has spouse applied for financial aid? Yes No

If so, at what institution _____

RESOURCES AVAILABLE DURING YOUR ENROLLMENT PERIOD

	Monthly Amount	Scholarship Name	Quarterly Amount
Worker's Comp./ L&I	_____	_____	_____
Veteran's Benefits/Chapter	_____	_____	_____
TANF/AFDC (DSHS)	_____		
SSI/SSDI	_____	BIA/Tribal	Quarterly Amount
Div. Vocational Rehabilitation	_____	_____	_____
Others (child support)	_____	_____	_____

EMPLOYMENT INFORMATION

Student (Do not report Work Study)

Are you currently employed? Yes No

Starting date _____

Employer _____

Employer phone _____

Employer address _____

Average number of hours worked per week _____

Hourly pay rate \$ _____ or monthly pay rate \$ _____

Average tips per week? \$ _____

I will continue this job. Hours per week _____

I will terminate this job as of _____

Spouse (Complete this section only if you checked "married" under marital status)

Is spouse currently employed? Yes No

Starting date _____

Employer _____

Employer phone _____

Employer address _____

Average number of hours worked per week _____

Hourly pay rate \$ _____ or monthly pay rate \$ _____

Average tips per week? \$ _____

Spouse will continue this job. Hours per week _____

Spouse will terminate this job as of _____

I AM INTERESTED IN A STUDENT WORK STUDY JOB: YES NO

CHILDCARE VERIFICATION

If you have children that will require childcare in order for you to attend Columbia Basin College, please complete the following section:

CHILD'S NAME	AGE	ENROLLED IN SCHOOL?	Hours of childcare required per week	Estimated childcare costs per week*
_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____	_____
_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____	_____
_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____	_____
_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>	_____	_____

Is any agency covering your childcare costs in part or completely? Yes No

If yes, what agency and how much per week? _____

*An amount must be listed if you want childcare considered in your budget.

CONDITIONS OF AWARD

I understand that I must be enrolled in an eligible CBC degree or certificate program. I must maintain satisfactory academic progress as printed in the Guide to Financial Aid 2009-2010.

I understand that I must report to the student Financial Services office upon withdrawal from this institution. I also understand that I may owe a repayment as a result of withdrawing from this institution. The Return of Funds Policy is in the Guide to Financial Aid 2009-2010.

I understand any offer of aid is dependent upon Federal and State allocations to the college. Insufficient allocations may result in a reduction of aid or a change in the type of aid offered. CBC reserves the rights to withdraw, reduce, or modify aid due to funding limitations or due to changes in circumstances which affect student eligibility for any aid.

If I receive funds under the Federal Stafford Student Loan programs, I am required to complete an exit interview prior to graduation, withdrawal from all classes, or termination of study.

The dollar amount awarded on the Federal or State Work Study program means I am eligible to work up to that amount. I must work with the Student Employment office personnel to find a job.

I understand that I cannot concurrently receive Financial Aid at two institutions.

I understand that if I knowingly make a false statement or provide misleading information on my Financial Aid form, I may be fined up to \$20,000, sent to prison, or both.

If I am awarded a State Need Grant, I certify and comply with the following conditions of award: I am a resident of the state of Washington, in accordance with RCW 28B.15.012(2)(a) through (d). I have applied using the Free Application for Federal Student Aid (FAFSA) and am not pursuing a degree in Theology. I do not owe a refund or repayment on a State Need Grant, a Pell Grant, or a Supplemental Educational Opportunity Grant, nor am I in default on a loan made, issued, or guaranteed under the Perkins, National Direct, Federal Family Education Loan, or State Conditional Loan Program. I am or will be registered in at least three credits and am making satisfactory progress toward completion of my degree or program objective. I agree to notify the Financial Services office immediately of any change in my address or in my financial status. I understand that this grant is awarded to assist in meeting educational expenses; and should I withdraw from classes, repayment of all or a part of the grant may be required. I understand that when I am able, I can voluntarily make financial contributions to the Higher Education Coordinating Board in recognition of this State Need Grant. These gifts will be used to provide financial assistance to other students. I understand any offer of a State Need Grant is subject to, and conditional 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.

I have not been convicted for the possession or sale of illegal drugs for an offense that occurred while receiving federal student aid such as grant, loans or work study.

I have read, I understand, and I agree to comply with the above stated Conditions of Award.

Signature

Date

All financial aid applications will be considered without regard to race, color, national origin, gender, sexual orientation, age, marital status, or the presence of any physical, sensory, or mental disability.

Columbia Basin College complies with the spirit and letter of state and federal laws, regulations and executive orders pertaining to civil rights, equal opportunity and affirmative action. CBC does not discriminate on the basis of sex, race, color, national origin, religion, age, marital status, physical, mental or sensory disability, sexual orientation or Vietnam veteran status in its educational programs or employment. Questions may be referred to Camilla Glatt, Vice President for Human Resources & Legal Affairs, (509) 547-0511, ext. 2348.

Individuals with disabilities are encouraged to participate in all college sponsored events and programs. If you have a disability and require an accommodation, please contact the CBC Resource Center, (509) 547-0511, ext. 2252, or TTY/TDD at (509) 546-0400. This notice is available in alternative media by request.