



# FINANCIAL AID DATA SHEET 2010-2011

Last Name

## PLEASE PRINT

\_\_\_\_\_  
Last Name First Name Previous Name

Social Security Number \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_

CBC Student ID Number \_\_\_\_\_  Female  Male

Email Address \_\_\_\_\_

Mailing address while attending this institution: \_\_\_\_\_  
Number (or P.O. Box) Street Apt. No.

\_\_\_\_\_  
City State/Zip Home Telephone Cell

Is this a new address?  Yes  No

Permanent mailing address other than above: \_\_\_\_\_  
Number (or P.O. Box) Street Apt. No.

\_\_\_\_\_  
City State/Zip Home Telephone Cell

First Name

## COLLEGE ENROLLMENT INFORMATION

Will you be a:  Freshman (0-45 credits)  Sophomore (46-90 credits)  Other \_\_\_\_\_

What is your program of study at this school?  AA or Transfer  Vocational  Certificate

Anticipated graduation date \_\_\_\_\_ College major/career choice \_\_\_\_\_

Enrollment status:  12 or more credits (full time)  9-11 credits (3/4 time)  6-8 credits (half time)  1-5 credits (less than half time)

Do you presently hold a degree?  Yes  No If yes, what type?  Associate's degree  Bachelor's degree

Check all quarters for which you are requesting aid:  Fall 2010  Winter 2011  Spring 2011  Summer 2011

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## ACADEMIC INFORMATION

High school graduate?  Yes  No Year graduated \_\_\_\_\_ OR do you have a GED certificate?  Yes  No Year received \_\_\_\_\_

High school name \_\_\_\_\_ Office use: NSLDS date \_\_\_\_\_

List all educational institutions you have attended AFTER high school (including present school) and credits earned. If this section does not apply to you, write NONE. If more space is required, attach another sheet of paper.

School	City	State	Previous names you have used	Degree received	Dates From To	Did you receive aid?

Social Security

## 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, 2010? Years \_\_\_\_\_ Months \_\_\_\_\_

### Where will you live while attending college in 2010-2011?

Parent's residence     Applicant's apartment/home     Other (Explain) \_\_\_\_\_

## PARENTAL INFORMATION

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Telephone number \_\_\_\_\_

## MARITAL STATUS

Check one:

Single     Married     Divorced     Separated     Widowed

Date of Divorce or Separation \_\_\_\_\_

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

If married, will spouse be a student in 2010-2011?

Yes     No

Has spouse applied for financial aid?  Yes     No

If so, at what institution? \_\_\_\_\_

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 grants, loans or work study.

By signing this form I certify that all information is correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## EMPLOYMENT INFORMATION

Are you currently employed?  Yes     No

Starting date \_\_\_\_\_

Employer \_\_\_\_\_

Employer phone \_\_\_\_\_

Average number of hours worked per week \_\_\_\_\_

I will continue this job. Hours per week \_\_\_\_\_

I will terminate this job as of \_\_\_\_\_

### I AM INTERESTED IN A STUDENT WORKSTUDY JOB

Yes     No

## CHILDCARE VERIFICATION

Will you have children that will require childcare in order for you to attend Columbia Basin College?  Yes     No

If yes, what will be your weekly cost? \_\_\_\_\_

