

**STUDENT DATA FORM  
 2003/04 ACADEMIC YEAR**

**INSTRUCTIONS:** Type or print legibly. Read carefully. Answer **ALL** questions. Remember to complete the reverse side. Failure to follow these instructions could delay your application.

1. Student's Name: \_\_\_\_\_  
LAST FIRST MI

2. Student's Social Security Number: \_\_\_\_\_

3a. Student's Mailing Address: \_\_\_\_\_  
 3b. If different from permanent address, local address (no PO boxes) where student will reside while attending EMCC: \_\_\_\_\_

Number and Street \_\_\_\_\_ Apt. No. \_\_\_\_\_

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

Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Number and Street \_\_\_\_\_ Apt. No. \_\_\_\_\_

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

Telephone: \_\_\_\_\_

Message Phone: \_\_\_\_\_

3c. Are you (or will you be) living with parents or other relatives (other than spouse/children)?  Yes  No  
 3d. If not living with parent, but using parent's address for mailing purposes, please explain on separate piece of paper.

4. (**ALL** students must complete this section, even if you are an Independent Student by federal definition.)

4a. Father  All information provided below  
 Name provided, address unknown  
 Deceased  
 Unknown

4b. Mother  All information provided below  
 Name provided, address unknown  
 Deceased  
 Unknown

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Street Address \_\_\_\_\_

Street address (if different from Father's) \_\_\_\_\_

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

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

Phone Number: (\_\_\_\_) \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_

5a. Have you attended (or were you enrolled) in school (college, university, technical, vocational, etc.) **after** High School?  
 Yes  No

5b. If yes, list **ALL** schools attended **after** High School, credits earned, attendance dates, and highest degree/certificate earned.

School	City/State	Credit Hours	Dates Attended		Type of Degree Received
			From	To	

**YOU MUST ALSO COMPLETE THE REVERSE SIDE**

6. I will be attending (check appropriate box and answer questions pertaining to your selection):

<p><input type="checkbox"/> Estrella Mountain Community College</p> <p>a. I am requesting funding for (check one):</p> <p><input type="checkbox"/> <b>Both</b> Fall '03 &amp; Spring '04</p> <p><input type="checkbox"/> <b>Only</b> Fall '03</p> <p><input type="checkbox"/> <b>Only</b> Spring '04</p> <p>b. Projected level of enrollment (check one):</p> <p><input type="checkbox"/> Full-Time (12 credits or more)</p> <p><input type="checkbox"/> ¾-Time (9-11 credits)</p> <p><input type="checkbox"/> ½-Time (6-8 credits)</p> <p><input type="checkbox"/> Less-Than-½-Time (1-5 credits)</p>	<p><input type="checkbox"/> South West Skill Center</p> <p>a. I am pursuing a certificate in the following program: _____</p> <p>b. Total number of clock hours in program at SWSC: _____</p> <p>c. Projected level of enrollment (check one):</p> <p><input type="checkbox"/> 7 hours/day</p> <p><input type="checkbox"/> 5 hours/day</p> <p><input type="checkbox"/> 4 hours/day</p>
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7a. I have a (check one):       HIGH SCHOOL DIPLOMA       GED       NEITHER      Date received: \_\_\_\_\_

7b. If high school diploma, name of high school: \_\_\_\_\_

8a. I am pursuing a(n):       Transfer Degree       AGS Degree       AAS Degree       Certificate

8b. My major is: \_\_\_\_\_

8c. Date I expect to graduate from EMCC/SWSC: \_\_\_\_\_

9. Will you receive any additional EDUCATIONAL financial assistance during the period of time that you will be attending classes?

- |   |       |      |
|---|-------|------|
| a. Veteran's Educational Benefits .....                     | p Yes | p No |
| b. Vocational Rehabilitation benefits (other than VA) ..... | p Yes | p No |
| c. JTPA.....  | p Yes | p No |
| d. BIA or tribal funding.....                               | p Yes | p No |
| e. Other EDUCATIONAL assistance .....                       | p Yes | p No |

**NOTE:** If **yes** to any of these, you **MUST** provide more information. Indicate the type of EDUCATIONAL assistance and amount. Attach documentation if possible. (Do NOT include AFDC, food stamps, housing assistance, or similar resources unless you are receiving the benefit because you are a student.) **It is the student's responsibility to report to the Financial Aid Office any additional educational resources that become known after this form is signed.**

10. I certify that to the best of my knowledge, all information contained on this and all other documents submitted for completion of my financial aid request are correct and complete, and that EMCC has my permission to verify it, and agree to provide documentation as requested. If my financial or marital status changes, I will notify the Financial Aid Office.

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

**STUDENT CERTIFICATION  
2003/04 ACADEMIC YEAR**

Student Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

**Read the following certification statements carefully. Ask questions if there is anything you don't understand:**

1. I understand that EMCC will NOT make a determination of financial aid eligibility or issue an award notification until ALL required forms/documents are complete.
2. I understand that a review of one document may trigger the need for more information not originally requested, and my request for financial aid could be denied if I and/or my parents fail to submit the required information.
3. I understand that I must be admitted as a Regular Student (have high school diploma, GED, or pass appropriate assessment test); and that I must be pursuing a degree or certificate in an eligible program of study at EMCC.
4. I understand that I must enroll in the number of credits I have indicated on my SDF by the end of late registration, and that any classes enrolled for after this period may not be considered in determining the amount of my award. I also understand that disbursement of my financial aid check may be delayed if I enroll in classes with late starting dates. This does not apply to EMCC-SWSC students enrolled in clock hours.
5. I understand that in order to have courses taken at another institution, I must submit a Consortium Agreement (with all appropriate signatures) by the end of late registration, otherwise those courses may not be considered in determining the amount of my award. I further understand that I must submit grades for those classes at the end of the semester. Failure to comply with these requirements could result in reduction of aid and/or suspension of eligibility for future semester(s).
6. I understand that federal student aid is not available to students who are enrolled in high school, or concurrently enrolled in both high school and college.
7. I understand that it is my responsibility to promptly notify the Office of Admissions and Records of any change in mailing address or phone number.
8. I understand that additional information is printed on the reverse side of the Award Notification Letter that I will receive in the mail, and that I am responsible to read and understand that information.
9. I understand that I must maintain Satisfactory Academic Progress as printed on the reverse side of this form.
10. I will not accept federal student aid from more than one school for the same period of time, and I understand that to do so is illegal.
11. I understand that the Cashier's Office disburses all financial aid checks, and that all checks will be mailed to the student address on file with the Office of Admissions and Records.
12. I give permission to Estrella Mountain Community College to reimburse, on my behalf, any sponsoring agency that has submitted payment for my cost of education, if that agency requests reimbursement, when my student aid is processed.
13. I certify that I will use all Title IV money received only for expenses related to my study at EMCC.
14. Students who have (or will complete) 24 credits at EMCC by the end of the 2003 Spring semester should meet with a Program Advisor and evaluate what courses are needed for graduation. I certify that I have met with an Advisor (if required), am pursuing a degree or certificate in an eligible program, and am (will be) enrolling only in classes required for that program.
15. I understand that I must use my Social Security Number (SSN) as my Student Identification Number while attending EMCC. I also understand that I may NOT change this number unless I apply for, and receive, a new SSN from the Social Security Administration.
16. More information is available from EMCC's Financial Aid Office and at <http://www.estrellamountain.edu/>, click on the *Current Students* link, then click on the *Financial Aid* link under the "Money Matters" heading.
17. Students who purposely give false or misleading information may be subject to a \$10,000 fine, sent to prison, or both.

I certify that I have read and understand the above Certification Statements, and to the best of my knowledge, all information contained in all documents submitted for completion of my financial aid request are correct and complete.

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

CERT

Rev. 11/2002