

COFFEYVILLE COMMUNITY COLLEGE
FINANCIAL AID DATA FORM 2018-2019

Instructions: Answer all questions. If the answer is no, not applicable, none, unknown or zero, indicate so. **DO NOT LEAVE A SECTION BLANK**, as your file will be considered incomplete. When complete, submit to the Financial Aid Office.

Last Name		First Name		MI
Previous Name(s)		SSN	Student ID	
Street Address or PO Box		City	State	Zip
Birth Date	Phone #		E-mail Address	

Indicate **all** semesters for which you are requesting financial aid:
 _____ Summer 2018 _____ Fall 2018 _____ Spring 2019 _____ Summer 2019

***Summer aid is contingent on funding and eligibility. A separate application is required and will be available a few weeks prior to summer registration.**

What program of study are you pursuing

_____ Associate in Arts _____ Associate in Science _____ Associate in General Studies
 _____ Associate in Applied Science (AAS) Please list your major _____
 _____ Certificate Program - Please list your program _____

Estimated date you will complete your program at Coffeyville Community College _____

***Provide a copy of your educational plan to the financial aid office if you are enrolling in one of our medical programs.**

Students must be pursuing an eligible degree or certificate program to receive financial aid at CCC - please check with our office to make sure your program of choice is eligible.

Do you have a GED? _____ No _____ Yes

Do you have a high school diploma? _____ No _____ Yes High School Name: _____

High School Graduation Date: _____

Do You have a college degree? _____ No _____ Yes

What type: _____ Associate _____ Bachelor's Other, specify: _____

Agency Funding

Are you applying for, or will you be receiving, education assistance from any agency?

(i.e. WIA, NAFTA, TRIBAL, L&I, DVR, etc.) _____ No _____ Yes Which agency? _____

Please complete items on reverse side

We are required to review all previous college credit hours attempted to determine eligibility. This applies to all hours attempted even if no hours were earned. List **ALL** educational institutions you have attended AFTER high school **including Coffeyville Community College** and credits earned. If this section does not apply to you write NONE. If more space is required, attach an additional sheet. You must request OFFICIAL copies of all previous college transcripts to be sent to Coffeyville Community College's Registrars Office before aid will be awarded.

School	City/State	Programs of Study/Major	Degree Received	Dates		No of Credits Earned	Did You Receive Aid
				From	To		

- I understand if I was completely unsuccessful my most recent term enrolled I need to speak to a Financial Aid staff member regarding eligibility.
- I certify that I have never attended any college, university, trade or technical school, including present or past attendance at this school.
- I understand if I have attempted more than 96 credit hours, I need to visit with the Financial Aid Office before enrolling in classes. If I exceed my maximum time frame, I am not eligible for federal aid.
- I understand I must provide my official high school transcript or GED and any college transcripts to the CCC Registrars Office. Failure to do so will impact my financial aid.

Information Release

Do you give permission for your financial aid information to be released? _____ No _____ Yes

If yes, please list complete names of anyone that you are allowing to have access to your information.

1.	2.
3.	4.

Authorization & Certification

I hereby authorize Coffeyville Community College to transfer funds from my financial aid award to pay for all charges on my business office account including tuition, fees, bookstore charges, and dorm (room and board) expenses. If my account has a credit balance, Coffeyville Community College will provide me with a refund of the balance.

I understand that my aid will be disbursed based on my certified enrollment status and may be different from my award amounts.

I have read and understand the above information and the information I provided is complete and correct to the best of my knowledge.

Student Signature _____ Date _____

This form must be submitted in person, or mailed to: Coffeyville Community College
 Financial Aid Office
 400 West 11th
 Coffeyville, KS 67337

You can also use the **Financial Aid File Upload Tool** on the Financial Aid Page at www.coffeyville.edu. Email any questions regarding Financial Aid to: faquestions@coffeyville.edu. To protect your information we ask that you do not email or fax this form.

Special Circumstances: If you have a special or unusual circumstance (such as a change of income due to divorce, loss of job, or a death in the family) that will affect your ability to pay for school and may not be reflected on the FAFSA, or for information contact the Financial Aid Office at faquestions@coffeyville.edu. You will be required to submit verification of income and documentation of special circumstances.