



# 2020 - 2021 Financial Aid Data Form

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	Email		

Indicate **all** semesters for which you are requesting financial aid:

\_\_\_\_\_ July 2020      \_\_\_\_\_ Fall 2020      \_\_\_\_\_ Spring 2021      \_\_\_\_\_ June 2021

**\*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; Please list your major \_\_\_\_\_  
 \_\_\_\_\_ Certificate Program - After discussing with your advisor, please list your program \_\_\_\_\_

**\* If you are enrolling in one of our medical programs, provide a copy of your educational plan to the financial aid office .**

Do you expect to graduate from CCC this school year?    Yes \_\_\_ No \_\_\_      If yes, will you graduate in:    December \_\_\_    May \_\_\_

Month/Year of High School Graduation: \_\_\_\_\_      Do you have a college degree?    Yes \_\_\_ No \_\_\_

**If** you have a college degree, what type:    Associate \_\_\_\_\_    Bachelor \_\_\_\_\_    Other, specify: \_\_\_\_\_

\_\_\_\_\_ I understand I must provide my **official high school transcript or GED and any college transcripts** to the CCC Registrar's Office. Failure to do so will impact my financial aid.

\_\_\_\_\_ I understand if I have attempted more than 96 credit hours, I must 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 if I was completely unsuccessful my most recent term enrolled, I need to speak to a Financial Aid staff member regarding eligibility.**

**Information Release**

Do you give permission for your financial aid information to be release?    \_\_\_Yes    \_\_\_ No

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

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**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 information I provided is complete and correct, to the best of my knowledge.

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

**Please submit this form in person, by mail, or by using the upload tool on the Financial Aid Page at [coffeyville.edu](http://coffeyville.edu).**

**Special Circumstances:** There may be times when the FAFSA does not accurately reflect your financial situation. For more information, contact the Financial Aid Office.

