

**HIGHLAND COMMUNITY COLLEGE
FINANCIAL AID DATA FORM
2011-2012**

PERSONAL INFORMATION

Name: _____ Social Security Number _____

List any other surnames (last names) used previously: _____

Address: _____ Apt. #: _____

City: _____ State: _____ Zip: _____

Home Phone: ____/____/____ Will you be a: Freshman____ Sophomore____

Date of Birth: ____/____/19____ Male: ____ Female: ____ U.S. Citizen: Y____ N____

Circle your current status: SINGLE MARRIED DIVORCED SEPARATED WIDOW(ED)

Circle if you are receiving aid from: PFE PUBLIC AID FOOD STAMPS

Do you receive Social Security Benefits? Y____ N____ If Yes – enter the monthly benefits \$_____

If you are under 24 years old enter your parent's information in this section:

Parent's name: _____

Parent's phone number: ____/____/____

Parent's address if different from yours listed above: _____

Circle if Parent's receive aid from: PFE PUBLIC AID FOOD STAMPS

Do your Parent's receive Social Security Benefits? Y____ N____ If Yes – enter the monthly benefits \$_____

ACADEMIC INFORMATION

Have you been an Illinois resident since before August 1, 2010? Y____ N____

Have you previously attended HCC? Y____ N____ Did you receive Financial Aid? Y____ N____

When you begin college in the 2011-2012 school year will you be a high school/GED graduate:
Y____ N____ If yes what year _____

If yes, what high school or GED organization: _____
City/State _____

<OVER>

IMPORTANT--PLEASE READ

To be considered for a PELL Grant, Supplemental Educational Opportunity Grant, College Work Study, Nursing Scholarship, Illinois MAP Grant, Federal Stafford Loan, or Highland Scholarships, you **MUST** complete the **FREE APPLICATION FOR FEDERAL STUDENT AID** (FAFSA). You may also be required to submit to HCC Financial Aid office documents to support your application.

Household Size for the period 7/1/11 through 6/30/12

INDEPENDENT (as defined by the FAFSA application) students include **you** and the number of people for whom you (and spouse) will provide over one-half of their support.

DEPENDENT (as defined by the FAFSA application) students must include **you**. Also list your parent(s) and all other members of your parent's family currently in their household and for whom your parent(s) provide over one-half of their support.

| <u>NAME</u> | <u>AGE</u> | <u>RELATIONSHIP TO YOU</u> | <u>EMPLOYER/SCHOOL</u> |
|-------------|------------|----------------------------|------------------------|
| | | SELF | HIGHLAND COMM COL |
| _____ | _____ | _____ | _____ |
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WARNING

Anyone intentionally or knowingly making a false statement or misrepresentation on this application or on the Free Application for Federal Student Aid may be subject to prosecution under provisions of the United States Criminal Code.

I hereby certify that the above listing of my household members and the indication of those enrolled in college at least half time from the period 7/1/11 to 6/30/12 is complete and accurate.

I hereby certify that all information on this form is complete and correct to the best of my knowledge. I recognize that I may be asked to verify any and all information contained herein or on the FREE APPLICATION FOR FEDERAL STUDENT AID.

Student's Signature

**Spouse's Signature
Optional (if married)**

**Parent's Signature
(if dependent)**