

# Cleveland State Community College

P.O. Box 3570 • Cleveland, TN 37320-3570

## Financial Aid Information Form

Please complete the Financial Aid Information form and return it to the Financial Aid Office at the address listed above.

**Note: The EMT Program is not approved for Financial Aid (loans, grants)**

### Section I: Student Information

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Mailing Address \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Marital Status:  Single  Married  Sep/Divorced/Widowed

Spouse Enrolled:  Yes  No

Housing:  With Parents  Without Parents

### Section II: Prior College History

Have you attended any college, university or vocational training school other than CSCC?  Yes  No

If yes, please provide the information requested below.

If no, continue on to the next section.

Name of School	Dates Attended	Received Pell Grant?	Received Stafford Loan?
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

### Section III: Outside Resources

Will you receive any other funding during your period of enrollment?  Yes  No

	<u>Annual Amount</u>
<input type="checkbox"/> Academic Service Scholarship	\$ _____
<input type="checkbox"/> Athletic Scholarship	\$ _____
<input type="checkbox"/> Foundation Scholarship	\$ _____
<input type="checkbox"/> Veterans Education Benefits	\$ _____
<input type="checkbox"/> Workforce Investment Act (WIA)/TRA	\$ _____
<input type="checkbox"/> Vocational Rehabilitation Benefits	\$ _____
<input type="checkbox"/> Dep. Discount/Work Reimbursement	\$ _____
<input type="checkbox"/> Other _____	\$ _____

### Section IV: Certification Statement

- I give permission to Cleveland State Community College to apply Federal, State and/or Institutional Financial Aid, including my Pell Grant, if applicable, to cover tuition, matriculation fees, short term loans and related educational expenses for the current academic year.
- I understand that if additional financial aid is provided after the awarding of the Stafford Loan, my loans may be lowered accordingly, if applicable.
- If I officially or unofficially withdraw from all classes prior to completing 60% of the semester, I understand that I am obligated to repay a percentage of Title IV funds received.
- I agree to allow Cleveland State Community College to apply Federal, State and/or Institutional Financial Aid to cover any outstanding prior year debt (up to \$100). These funds will only come from financial assistance left over after all other current-year debts are paid.

Signature \_\_\_\_\_

Date \_\_\_\_\_