

The following form(s) can be filled in on-line, then printed for signatures and mailing or faxing.

To begin filling out the forms in Acrobat Reader, make sure the '**hand**' tool is selected then click on a line or in a box and begin typing. Check boxes can be clicked on or off.



SFCC Financial Aid Office 2009-10 DATA SHEET

Spokane Falls Community College
Financial Aid Office MS 3172
3410 W Fort George Wright Dr
Spokane WA 99224-5288

Please print in blue or black ink.

Name _____ Last _____ First _____ M. _____ E-mail _____

Social Security number _____ SFCC ID number: 82____-____-____

ENROLLMENT INFORMATION

1. Please mark the number of quarters you will attend during the 2009-2010 school year.
 Fall 2009 Winter 2010 Spring 2010 *A separate application for summer 2010 will be available April 15, 2010.*
NOTE: Financial aid will be reviewed for **ONLY** the **quarters marked**.

2. Have you or will you attend another college during the 2009-2010 school year?
 Summer 2009 Fall 2009 Winter 2010 Spring 2010

If yes, list the education institutions you have attended or are attending:

School	City/State	Dates attended/attending: month/year to month/year	Financial aid recipient? <input type="checkbox"/> Yes <input type="checkbox"/> No

GENERAL INFORMATION

3. Marital status: Single Married Separated / Divorced / Widowed
 Date married / separated / divorced / widowed _____

4. Will you live with parents not with parents

5. List the family members who will enroll in at least six credits in a college or certificate program between July 1, 2009, and June 30, 2010. Dependent students should list siblings required to provide parental data on their FAFSA. Independent students should list their spouse and/or dependent children attending college.

Full name of family member	Relationship to student	Age	College	Office use

6. Number of dependent children who live with you: _____

While enrolled at SFCC, will any of the adults listed on your FAFSA pay a childcare provider/facility for these children?

Yes No If yes, complete this chart:

Child name	Age	Monthly amount	Provider/facility name	Who pays? (circle one)
				Self Other
				Self Other
				Self Other

7. Were you, your spouse or the parent of a dependent on active duty in calendar year 2008?

Active duty calendar year 2008	Yes/no	How many months?	2008 pay grade	Number of military dependents in 2008
You	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Your spouse	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Parent of a dependent	<input type="checkbox"/> Yes <input type="checkbox"/> No			

8. Are you a veteran/member of the U.S. Armed Forces? Yes No

Are you eligible for monthly educational VA benefits? Yes No **If yes, what Chapter?** _____

(continued on reverse side)

9. Do you want to borrow a William D. Ford Direct Loan that you must pay back?

No I do not wish to borrow a loan at this time. Skip to number 11.

Yes

1. I have **PREVIOUSLY BORROWED A DIRECT LOAN**. Access the Direct Loan Servicing Center at **www.dl.ed.gov** Click on *Your Account*. Sign in using your federal PIN number used to sign your FAFSA. Write your TOTAL STUDENT LOAN INDEBTEDNESS/AMOUNT BORROWED here \$_____ . If you have already borrowed a loan at SFCC, go to step 10 below. Otherwise, go to step 2.

2. I have **NEVER BORROWED A LOAN AT SFCC**. Complete the steps on our web site at **www.spokanefalls.edu** Go to the SFCC web site. Click on *Apply for Financial Aid*, click on *Ford Direct Loans* (on the left side), click on the *appropriate year button* and click on *submit*. Complete the following steps:

Entrance Counseling (loan information) Complete once while attending SFCC.

Master Promissory Note (legal binding contract for loan you are borrowing) Complete once while attending SFCC.

10. Ford Direct Loan Worksheet

***If you have questions about this information re-check the Entrance Counseling web site.**

- Indicate below the number of credits you plan to attend SFCC each quarter:

Fall 2009: September-December _____

Winter 2010: January-March _____

Spring 2010: April-June _____

6 cr. = 1/2 time. If you enroll for less than 6 credits, you are not eligible for a loan. Any previous loans on school deferment may go into repayment when the student becomes enrolled less than 1/2 time.

- Loan period requested: from **month/year** _____ to **month/year** _____

- Type of loan requested (you **MUST** check at least one): subsidized unsubsidized

- How much would you like to borrow for the loan period above? \$_____ (*This amount will be divided among quarters requested*. You must enter the dollar amount requested. Answer "MAX" if you want to borrow the maximum.)

- Estimated completion/graduation date from SFCC: quarter/year _____

- Are you receiving a scholarship or outside assistance? **Yes** **No**

If yes, from whom _____

- Second year student status**

If you believe you are a second year student and 1) want to include transfer credits OR 2) have changed programs multiple times at SFCC, go to the SFCC web site above and complete a second year certification.

If you have eligible additional expenses that exceed the standard SFCC budget amount and you would like them to be considered with your loan, please indicate below:

One time only computer purchase **Yes** **No**

Aerospace flight lab costs. List below only the AIRSC flight lab classes you will register for:

Fall 2009	Winter 2010	Spring 2010	Summer 2010
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

This does not increase your maximum annual loan eligibility.

11. Student Authorizations

I authorize SFCC to use the financial aid awarded to me to pay tuition and fees associated with my registration. I also authorize the payment of other discretionary fees.

I authorize SFCC to use post withdrawal disbursements (Federal Title IV funds earned but not received at the time of withdrawal) to pay for current outstanding discretionary fees and minor prior year charges.

I authorize SFCC to use post withdrawal disbursements to pay down my outstanding Federal Title IV education loan balance.

I understand that I may contact the financial aid office to modify or rescind any or all authorizations listed above. If I rescind an authorization, funds will be disbursed directly to me or my parent(s) and I will be obligated to pay all debts owed to SFCC. I understand that outstanding debt obligations will prevent me from future SFCC registration and release of official SFCC transcripts.

12. Certification

By signing below, I understand the Student Authorizations outlined above. I declare that the information submitted is true and complete to the best of my knowledge. I certify that I do not owe a repayment on any grant or loan, am not in default on any loan, or have made satisfactory arrangements to repay a defaulted loan, and have not borrowed in excess of the loan limits under Title IV programs at any institution.

13. Signature _____ Date _____