



# SFCC Financial Aid Office 2008-09 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 \_\_\_\_\_ Previous last name \_\_\_\_\_  
Last First M.

Social Security number \_\_\_\_\_ SFCC ID number: 82\_\_\_\_-\_\_\_\_-\_\_\_\_

## ENROLLMENT INFORMATION

1. Please mark the number of quarters you will attend during the 2008-2009 school year.  
 Fall 2008    Winter 2009    Spring 2009   *A separate application for summer 2009 will be available April 15, 2009.*  
**NOTE:** Financial aid will be reviewed for **ONLY** the **quarters marked**.

2. Have you or will you attend another college during the 2008-2009 school year?  
 Summer 2008    Fall 2008    Winter 2009    Spring 2009

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, 2008, and June 30, 2009. 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 2007?

Active duty calendar year 2007	Yes/no	How many months?	2007 pay grade	Number of military dependents in 2007
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**, and I have **PREVIOUSLY BORROWED A LOAN AT SFCC**  
Complete the Ford Direct Loan Worksheet (number 10 below).

**Yes**, and I have **NEVER BORROWED A LOAN AT SFCC**

Complete the Ford Direct Loan Worksheet (number 10 below) **AND** complete the steps on our web site at **www.spokanefalls.edu** Under *Admissions/Registration* at top click on *Financial Aid*, click on *Ford Direct Loans* (on the left side), click on *the appropriate year button* and click on *submit*. **Also on the web site:**

**Entrance Counseling (loan information)** Complete once while at SFCC.

**Master Promissory Note (legal binding contract for loan you are borrowing)** Complete once while at 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 2008:            September-December        \_\_\_\_\_

Winter 2009:        January-March                \_\_\_\_\_

Spring 2009:        April-June                      \_\_\_\_\_

- Loan period requested: from **month/year** \_\_\_\_\_ to **month/year** \_\_\_\_\_

- Type of loan requested:  subsidized     unsubsidized

- How much would you like to borrow for the loan period above? \$ \_\_\_\_\_ (*This amount will be divided among quarters requested.*)

- 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 classes you will register for:**

Fall 2008 \_\_\_\_\_                      Winter 2009 \_\_\_\_\_                      Spring 2009 \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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** \_\_\_\_\_