



STUDENT DATA FORM 2020-2021

In order to process your financial aid, you must complete this form in its entirety. Please be sure to sign your form before returning it to: Miles Community College, Attn: Financial Aid Office, 2715 Dickinson Street, Miles City, MT 59301 ph: 406-874-6208 fax: 406-874-6283

STUDENT INFORMATION

Student Name: _____ MCC Student ID# _____

Physical Address: _____ City: _____ State: _____ Zip: _____

Telephone Number: _____ Date of Birth: ____/____/____

Enrollment Status: (circle all that apply) Fall/Spring 2020-2021 Summer 2021

Please indicate how many credits: ☐ 12 or more credits (full time) ☐ 9-11 credits (3/4 time) ☐ 6-8 credits (1/2 time) ☐ 1-5 credits (less than 1/2 time)

I would like to be awarded: ☐ Loan ☐ Workstudy ☐ Both ☐ Neither (assumed if question unanswered)

Student's place of residence at school for the 2020-2021 Academic Year (AY): ☐ With Parents/Guardian/Relative ☐ On/Off Campus

Will you be taking courses on-line/distance? ☐ No ☐ Yes

Degree Program: ☐ Associate ☐ Certificate

Will you have earned a Bachelor's degree as of July 1, 2020? ☐ No ☐ Yes

EDUCATIONAL RESOURCES

Will you be receiving any other funding to help pay for your educational expenses? Note: All students should complete this section with the best estimate possible. Married students should not include spouse's resources. (Attach another page if more space is needed.)

Military Tuition Assistance	<input type="checkbox"/> YES <input type="checkbox"/> NO	estimated amount per semester	\$ _____
Vocational Rehabilitation Benefits	<input type="checkbox"/> YES <input type="checkbox"/> NO	estimated amount per semester	\$ _____
JTPA, WIA or Other 3 rd Party Payer	<input type="checkbox"/> YES <input type="checkbox"/> NO	estimated amount per semester	\$ _____
Bureau of Indian Affairs Grant	<input type="checkbox"/> YES <input type="checkbox"/> NO	estimated amount per semester	\$ _____
Other Assistance/Outside Agency	<input type="checkbox"/> YES <input type="checkbox"/> NO	estimated amount per semester	\$ _____
Scholarships (list name and amount):			

OTHER POST SECONDARY ATTENDANCE

Have you ever **attended** or do you plan to attend any other post-secondary institution **between July 1, 2020 to June 30, 2021**? ☐ YES ☐ NO

Will you have a consortium agreement with another institution during 2020-2021 academic year? ☐ YES ☐ NO

If yes, complete below. Please be aware that you CANNOT receive financial aid from two school during the same term.

<i>Institution</i>	<i>City, State</i>	<i>Dates Attended</i>	<i>Types of Aid Received</i>

SIGNATURE AND CERTIFICATION

I understand that any financial aid that is accepted will be credited to my student account to pay institutional charges.

By signing this form, I certify that all the information reported on my Free Application for Federal Student Aid (FAFSA) and this Student Data Form is complete and accurate to the best of my knowledge. I understand that if I have purposely given false or misleading information on these documents, I could be fined and/or sent to jail.

Student signature: _____ Date: _____