



# STUDENT DATA FORM 2022-2023

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 2022-2023      Summer 2023

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 2022-2023 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, 2022?     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 <sup>rd</sup> 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, 2022 to June 30, 2023**?     YES     NO

Will you have a consortium agreement with another institution during 2022-2023 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: \_\_\_\_\_