

2008-2009 FINANCIAL AID INFORMATION FORM

- Mr.
 Miss
 Mrs.

_____ Last Name First Name Middle/Maiden

Social Security #: _____ - _____ - _____ Date of Birth: _____ - _____ - _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____ Cell Phone: () _____

Yes No Have you attended JSCC? If yes, other name(s) used: _____

Yes No Have you earned an associate's or bachelor's degree? Associate Bachelor

Yes No Are you, or will you be incarcerated at any time from July 1, 2008 to June 30, 2009?

Yes No Are you or will you be attending a post-secondary institution other than JSCC from July 1, 2008 to June 30, 2009? **If yes, provide detailed information below:**

<u>Post-Secondary Institution and Location:</u>	<u>Dates of Attendance</u>	<u>Aid Recipient?</u>
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

NOTE: It is not permissible for JSCC or any other institution to pay a student federal funds at the same time for the same period of enrollment without prior approval from both schools. Unauthorized payments may result in you owing money back to the Department of Education.

CERTIFICATION STATEMENT -- PLEASE READ CAREFULLY

I attest that information on this application is true and correct; I understand that if I purposely or knowingly give false or misleading information, I may forfeit my right to receive financial assistance. I authorize JSCC to release pertinent information to the U.S. Department of Education, state agencies, lending institutions, scholarship donors and scholarship selection committees. I further authorize JSCC to deduct from my federal and/or state funds all tuition and registration fees incurred.

Applicant's Signature: _____ Date: _____