

## 2017-2018 INFORMATION SHEET

You must notify Admissions & Records of name, mailing address, e-mail address, and phone number changes as soon as they occur. Failure to do so may affect your award disbursements.

	Please print your information in blue or bl	lack ink & complete ALL SECTION	S. Incomplete files will not be accepted.	
1.	Last Name	First Name	M.I.	
2.	Student ID#	Phone Number)		
	E-Mail			
	EASE NOTIFY ADMISSIONS AND RECO			
	Current Mailing Address:	RDS OF ANT ADDRESS CHANGE	<del></del>	
	Address (include apt. no)			
	City	State	Zip Code	
4.	Date of Birth/	<b>5.</b> Male Female	6. U.S. Citizen Eligible Non-Citizen	
	Month Day Year		Non U.S. Citizen	
Dipl	What degree or certificate will you purs Certificate A.A. or A.S. Degree  What is your educational Major/Progra (If major listed does not match Admissions and what is your estimated date of graduate: To be eligible for Financial Aid loma Certificate (GED) or equivalese check box that applies to you:	Transfer Studies  Im of Study at SCC?  Records, your award may be delayed)  tion or transfer from SCC?  Month  I, you must have a High School		
8.	High School Diploma	GED Certificate	or Proof of Equivalency	
	Foreign High School Diploma	Approved Home	School Diploma	
	None of the Above			
	u will be a 2017 High School Graduate, yo	u <u>must</u> submit a copy of your High	School Diploma in order for SCC's Financial	
9.			already earned from any country (USA or f Arts, Bachelors of Sciences, Master of Arts	
	List Dograp:	List Dograp		

St	tudent's Name:					SCCID#:
10.	Have you, or will	you at	tend Sola	ano Coi	mmuni	ty College <b>AND</b> any other University, College, or Technical or Vocational
	schools during th	ie <u>sam</u>	e semest	er this	acade	mic year? Check "YES" or "NO" for each term listed below.
	Summer 2017		Yes		No	
	Fall 2017		Yes		No	
	Spring 2018		Yes		No	
	Summer 2018		Yes		No	
	•		·			you have attended or plan to attend WHILE attending Solano Community
11.	•	•				(Pell Grant and/or Federal Loans) at any <u>OTHER</u> university, college, 17, Spring 2018 and/or Summer 2018?
	If YES, list seme	ster(s):				and institution financial aid was
	received:					
<u>Plea</u>	se READ, INI	<u> FIAL</u>	and S	IGN b	elov	<u>L</u>
	Lagree to repay	/ Solan	o Comm	unity C	ollege	for any overpayment of funds I received whether due to my
	misrepresentation of information, reduction of my enrollment status or institutional error.					
	I authorize Solano Community College to deduct any outstanding financial debts owed to the institution from my					
	Financial Aid funds disbursement.					
	I certify that all	of the i	nformatio	n repo	rted or	this information sheet is complete and correct.
	Warning: Purpo	osely g	giving fal	se or r	nislea	ding information on this form may result in fines and/or jail time.
	Signature	:				Date

Attn: Faxed copies will not be accepted. Originals must be submitted.

Do not mail this form to the U.S. Department of Education