

2018-2019 INFORMATION SHEET

Office of Financial Aid

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 b	lack ink & complete ALL SECTIONS. Incomplete files will	not be accepted.
Last Nar	me	First Name	M.I.
	ID#		
E-Mail			
		RDS OF ANY ADDRESS CHANGE.	
Current	Mailing Address:		
Address	s (include apt. no)		
City		State Zip Co	de
Date of I	Birth/	5. Male Female 6. U.S. Citizen E	ligible Non-Citizen
	Month Day Year	Non U.S. Citizen	_
Wha (If ma Wha	•	am of Study at SCC? Records, your award may be delayed) tion or transfer from SCC? Month Year I, you must have a High School Diploma, Gene	ral Education
ase che	ck box that applies to you:		
	High School Diploma	GED Certificate or Proof of Equivalency	,
	Foreign High School Diploma	Approved Home School Diploma	
	None of the Above		
	a 2018 High School Graduate, yo complete your file.	ou <u>must</u> submit a copy of your High School Diploma in orde	er for SCC's Financia
outs		ge degree(s), Foreign or Domestic, <u>already earned</u> from an Associates of Sciences, Bachelor of Arts, Bachelors of Scie	
l ist l	Degree:	List Degree:	

St	Student's Name:	SCCID#:
10.	Have you, or will you attend Solano Com	munity College AND any other University, College, or Technical or Vocational
	schools during the same semester this a	cademic year? Check "YES" or "NO" for each term listed below.
	Summer 2018 Yes	No
	Fall 2018 Yes	No
	Spring 2019 Yes	No
	Summer 2019 Yes	No
	· · · · · · · · · · · · · · · · · · ·	ution you have attended or plan to attend WHILE attending Solano Community
11.	, <u> </u>	Aid (Pell Grant and/or Federal Loans) at any <u>OTHER</u> university, college, Il 2018, Spring 2019 and/or Summer 2019?
	If YES, list semester(s):	and institution financial aid was
	received:	
<u>Plea</u>	ease READ, INITIAL and SIGN be	<u>elow</u>
	Lagran to range Salana Community Cal	logo for any avernayment of funda I received whether due to my
		lege for any overpayment of funds I received whether due to my
	misrepresentation of information, reduct	tion 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 information reporte	ed on this information sheet is complete and correct.
	Warning: Purposely giving false or mi	isleading information on this form may result in fines and/or jail time.
	Signature	

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

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