

2010-2011 MSCC Data Form

INSTRUCTIONS: Return this application completed to the Mid-South Community College Financial Aid Office to determine what programs you are eligible to receive. **All of the following information is required.**

Name _____ Soc Sec # _____
 Last Name First Name Other previously used names

Mailing Address (P O Box) _____ (Street Address) _____ (Apt #) _____

City _____ State _____ Zip _____ County _____

US citizen? Yes No Home Phone () _____ Cell Phone () _____

E-Mail Address _____ Date of Birth _____

Did you graduate high school? Yes No Date of graduation / Earned GED: Month _____ Year _____

Name of High School: _____

Will this be your first year at MSCC (*do not include concurrent hours*)? Yes No

Are you currently incarcerated? Yes No

If you were born after January 1, 1987, complete the following information. Same as listed above: Yes No

Parent(s) Mailing Address (P O Box) _____ (Street Address) _____ (Apt #) _____

City _____ State _____ Zip _____

Financial Aid requires copies of transcripts from each college (other than MSCC) attended.

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Degree Being Sought:

- ____ Associate of Arts (for students who plan to transfer to a 4-year college)
- ____ Associate of Applied Science
- ____ Technical Certificate
- ____ Certificate of Proficiency (***NOT a Pell Grant eligible degree program***)
- ____ Not seeking a degree (***NOT a Pell Grant eligible degree program***)

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NEW THIS YEAR! Plans are underway to have your Pell Grant refund deposited directly to your checking account this year. Details will be provided in your award letter.

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My signature below:

- authorizes the use of my financial aid for all charges (tuition, fees, books, etc) that are listed on my bill when funds are applied;
- certifies that I am familiar with the MSCC Satisfactory Academic Progress policy as explained in the MSCC Catalog;
- authorizes exchange of information to other MSCC offices (i.e. scholarship, TRIO, Career Pathways, etc) if sought by me;
- certifies that the information submitted is true, correct and complete;

STUDENT SIGNATURE _____ **DATE** _____



Office of Financial Aid
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