

NAME \_\_\_\_\_ STUDENT ID# \_\_\_\_\_

(enter SSN if Student ID is unknown)

- 1. LIST all schools/colleges/universities you have attended, if any, since high school, whether or not credits were earned and whether or not you received aid. DO NOT include MiraCosta. If none, DO NOT LEAVE BLANK, enter **NONE**.

**YOU MUST PROVIDE AN OFFICIAL ACADEMIC TRANSCRIPT THAT CONTAINS ALL PERIODS OF ENROLLMENT FROM ALL PRIOR COLLEGES ATTENDED.**

School Name and City / State (include foreign schools)	Dates Attended FROM (MO/YR) TO (MO/YR)	Is Transcript already at Counseling: YES NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO

**NOTE:** if more space is needed, use another sheet. Be sure to put your name and Student ID Number on it.

- 2. List any other name(s) you have used at other schools. If none, DO NOT LEAVE BLANK, enter **NONE**.

- 3. Do you plan to attend or have you attended any other school during the 2009-10 academic year (Summer 2009, Fall 2009, Spring 2010)?  YES  NO If yes, you must list below:

Name of Other School in 2009-10 Year	Term/Semester at other school	Financial aid at school listed?
		<input type="checkbox"/> YES <input type="checkbox"/> NO

- 4. High School Graduation Date: \_\_\_\_\_ or date you passed the GED or High School Proficiency Exam: \_\_\_\_\_. If you have not graduated and are at least 18 years old, ask about Ability to Benefit Testing.
- 5. List the source and amount of other aid you will be receiving with your school-related expenses, such as scholarship funds, CAA, rehabilitation benefits, or Americorp. If no other resources, enter **NONE**.

- 6. Will you receive veteran's educational benefits while in school?  Yes  No If Yes, you MUST provide the following:  
CHAPTER: \_\_\_\_\_ MONTHLY AMOUNT: \$ \_\_\_\_\_

- 7. Will you be receiving CalWORKS/TANF/Welfare benefits while attending school?  Yes  No If yes, be sure to apply for a Board of Governors Enrollment Fee Waiver, Method A, using the application in the Credit Class Schedule.

- 8. What will your Housing Plan be during 2009-2010:  
 living with Parent(s) or Relative(s)  Not Living with Parent(s) or Relative(s)

- 9. Were you, or your spouse, active duty military in 2008?  YES  NO  
If Yes, **ATTACH December 2008 LES (or Last Full Month of 2008 Active Duty LES) and 2008 W-2.**  
Indicate number of months active duty in 2008, if less than full year: \_\_\_\_\_

- 10. If you are dependent, was your parent active duty military in 2008?  YES  NO  
If Yes, **ATTACH December 2008 LES (or Last Full Month of 2008 Active Duty LES) and 2008 W-2.**  
Indicate number of months active duty in 2008, if less than full year: \_\_\_\_\_

- 11. EDUCATIONAL GOAL AT MIRACOSTA COLLEGE: (Check **ALL** that apply)  
 Transfer  AA  Certificate If you check Certificate, you MUST indicate which one \_\_\_\_\_

- 12. Will you enroll in on-line classes for 50% or more of your program?  YES  NO If yes, indicate program \_\_\_\_\_

**NOTE: COMPLETE AND SIGN THE REVERSE SIDE**

**Student Certifications: READ AND INITIAL FOR EACH STATEMENT.**

(DO NOT ENTER "N/A" NOR LEAVE ANY ITEM BLANK)

- \_\_\_\_\_ 1) I understand that by applying for financial aid I authorize the Financial Aid Office to obtain information from and release information to respective offices and agencies necessary to determine my eligibility for financial aid.
- \_\_\_\_\_ 2) I understand there is a **limit** on the number of units **ATTEMPTED** for which federal financial aid may be available to help complete my educational goal, and I should begin working with an academic counselor right away.
- \_\_\_\_\_ 3) I understand that if I am awarded financial aid under Title IV, HEA loan, grant, or work-study programs, I will use all money received only for expenses related to my study at MiraCosta College.
- \_\_\_\_\_ 4) I understand that I must report any additional aid not shown on my award notice. I understand that my aid may be adjusted if additional aid exceeds my demonstrated financial need.
- \_\_\_\_\_ 5) **I have accessed the MiraCosta College Financial Aid website at [www.miracosta.edu/financialaid](http://www.miracosta.edu/financialaid), and read the student guide, "Financial Aid at MiraCosta College" which includes the Satisfactory Academic Progress Policy.**
- \_\_\_\_\_ 6) All MiraCosta College staff are currently prohibited by the Privacy Act from giving personal information over the telephone. This law was designed to protect individuals from unauthorized release of information, particularly information of a confidential nature. In complying with this law, however, Financial Aid Office staff have often been unable to respond adequately to telephone inquiries.
- \_\_\_\_\_ 7) Provide our office with a Personal Identification Code (P.I.C.), by entering it in the spaces provided below. Enter one character (letter or digit) on each line for a total of six (6) characters.

**P.I.C.:** \_\_\_\_\_

- \_\_\_\_\_ 8) Enter a brief hint that will identify your P.I.C. in the event you forget it: \_\_\_\_\_
- \_\_\_\_\_ 9) Your responsibility once you have a Personal Identification Code:
- You will be responsible for keeping your P.I.C. confidential.
  - Once someone else has your P.I.C., they will be able to find out the types of information below.
  - You are aware that our responsibility is only to ask for the P.I.C. and make sure it matches on file in our office.
  - If you change your P.I.C., you will no longer be able to use the old one.
- \_\_\_\_\_ 10) With a P.I.C. on file in our office, you will be able to find out:
- What forms are missing from your financial aid file.
  - A brief explanation of why specific information has been requested.
  - The date(s) of prior correspondence sent to you as reflected on our document tracking computer screen.
  - When an award letter has been sent to you.
  - What mailing address we have on file for you.
- \_\_\_\_\_ 11) Information we will not be able to provide:
- Any of the above information unless we are provided your P.I.C. In addition, a Consent for Release of Information Form must be on file in our office for us to release your information to anyone besides you.
  - Scheduled disbursement dates. This information is or will be on your award letter. If we have been able to determine your eligibility but are unable to assign a disbursement date at the time your award letter is printed, we will send you a separate notice once disbursement dates can be established.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ 0309:FAO:DATA 0910

**COMPLETE BOTH SIDES AND RETURN FORM TO THE FINANCIAL AID OFFICE**