

2005-2006

SCHENECTADY COUNTY COMMUNITY COLLEGE FINANCIAL AID STUDENT INFORMATION

—78 Washington Avenue —Schenectady, NY 12305 —phone (518) 381-1352 —fax (518) 381-1477 —

NAME _____ SOC. SEC. NO. _____ / _____ / _____

PERMANENT ADDRESS _____ BIRTHDATE _____ / _____ / _____

CITY/STATE/ZIP _____

TELEPHONE _____

NAME OF ACADEMIC PROGRAM (for example: Business Admin. or Culinary Arts) : _____

I AM / WILL BE A HIGH SCHOOL GRADUATE: _____ I AM NOT A HIGH SCHOOL GRADUATE
MONTH YEAR

I HAVE RECEIVED A GED: _____
MONTH YEAR

HAVE YOU PREVIOUSLY ATTENDED SCCC? YES NO DATES _____

HAVE YOU PREVIOUSLY ATTENDED ANY COLLEGE OR SCHOOL AFTER HIGH SCHOOL YES NO

IF YES, LIST COLLEGES OR SCHOOLS ATTENDED

DATES ATTENDED

I WILL ATTEND SCCC: **SUMMER 2005** **FALL 2005** **SPRING 2006** I WILL ATTEND: **FULL-TIME** **PART-TIME**

IF LESS THAN 12 CR. ANY TERM LIST THE NO. OF CREDITS: **SUMMER 2005** _____ cr. **FALL 2005** _____ cr. **SPRING 2006** _____ cr.

I PLAN TO ATTEND SCHENECTADY COUNTY COMMUNITY COLLEGE UNTIL:
(If not sure give your best estimate) MONTH YEAR

WHEN DID YOU FILE THE **2005-2006** FREE APPLICATION FOR FEDERAL STUDENT AID? MONTH YEAR

ARE YOU WILLING TO ACCEPT PART-TIME EMPLOYMENT / FEDERAL WORK STUDY? YES NO

WILL YOU BE LIVING WITH YOUR PARENTS OR GUARDIAN DURING THE **2005/2006** ACADEMIC YEAR? YES NO

WHILE A STUDENT I PLAN TO LIVE AT: ADDRESS: _____
(LOCAL ADDRESS IF DIFFERENT FROM PERMANENT ADDRESS) _____

TELEPHONE NO.: _____

I DECLARE THAT THE INFORMATION ON THIS APPLICATION IS CORRECT. I AGREE TO SUPPLY ADDITIONAL DOCUMENTATION FOR VERIFICATION. I UNDERSTAND THAT MY AID AWARDS MAY BE ADJUSTED BASED UPON NEW INFORMATION AVAILABLE TO THE OFFICE OF FINANCIAL AID.

Signature of Applicant

Date

SCHENECTADY COUNTY COMMUNITY COLLEGE DOES NOT DISCRIMINATE ON THE BASIS OF AGE, RACE, CREED, COLOR, SEX, SEXUAL ORIENTATION, NATIONAL ORIGIN, DISABILITY, VETERAN STATUS, RELIGION, OR MARITAL STATUS.

**** COMPLETE OTHER SIDE ****

