



Remember Our Past...Build Our Future

Financial Aid Student Data Form

Fill out completely. An incomplete form may cause delays in the processing of your financial aid.

No faxed documents allowed.

School Assigned Student ID: _____

Social Security Number: _____

According to Federal Regulations, in order to receive financial aid you must be seeking a technical certificate/degree offered through the BCC campus system. Undecided or Non-degree seeking student are not eligible for federal student aid.

A. Student Information *Required – DO NOT LEAVE BLANK*

 Last Name First Name MI Maiden Name (if applicable)

 Current Mailing Address City State Zip

Gender: Male Female Date of Birth _____ Home Phone _____ Cell/Message Phone _____

Check one of the following graduation types:

Graduated High School GED Completion Current HS/GED student Home Schooled Graduate Did not graduate

Employment Status:

Retired Unemployed-Not Seeking employment Unemployed-Seeking employment Employed 1-10 hours per week
 Employed 11-20 hours per week Employed 21-39 hours per week Employed 40 or more hours per week

Name of High School attended or GED/HiSet received from & year: _____

Check Highest Educational Level Attained:

11th grade 12th grade 13th grade 14th grade Associate Degree Bachelor's Degree Master's Degree or Higher

My advisor is: _____ I will graduate in (month): _____ (year): _____

B. Campus and Degree Information *Required – DO NOT LEAVE BLANK*

Which status will you be attending? on campus online only hybrid (online & on campus)

What will be your status? First-time college student Returning Student Transfer student

Where will you live while in college? With parent(s) Off-campus Other _____

The following is my declared major:

AA _____ AS _____

AAS _____ Certificate _____

C. Other Types of Aid *Required – DO NOT LEAVE BLANK*

Will you receive any outside sources such as Veterans Tuition Waiver, GI Bill, Workforce Education Stipends, Voc-Rehab, Higher Ed?

Name of Agency: _____ amount \$ _____ per year/per semester

Name of Agency: _____ amount \$ _____ per year/per semester

You must notify the Financial Aid Office of any additional funds (e.g. AICF, BHEP, SCHOLARSHIPS, etc.) you know you are receiving.

Name of Scholarship _____ amount \$ _____ per year/per semester

Name of Scholarship _____ amount \$ _____ per year/per semester

My parent/spouse currently works at Blackfeet Community College: Yes No

