



Financial Aid Student Data Form (SD)

Fill out completely. An incomplete form may cause delays in the processing of your financial aid. No faxed documents allowed.

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

I. Student Information Required - DO NOT LEAVE BLANK

a. SSN: Assigned Student ID:

Last Name First Name MI Maiden Name (if applicable)

Current Mailing Address City State Zip Active Email Address

1. US Citizen? yes no (if no, explain:) 2. Married? yes no (if no: single divorced widowed)

3. Have children No Yes If yes, # of dep: and supports child(ren) >50% yes no

4. Gender: Male Female e. Date of Birth f. Home Ph g. Cell/Msg Ph

b. Check one of the following graduation types:

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

c. 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

d. Name of High School attended or GED/HiSet where received: & mm/yr

e. Check Highest Educational Level Attained:

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

II. Campus and Degree Information Required - DO NOT LEAVE BLANK

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

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

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

d. Declaration of major (write in):

AA AS 2 + 2:

AAS Certificate Training:

e. My assigned advisor is: I will graduate in (mm/yy)

III. Types of Aid Required - DO NOT LEAVE BLANK

a. 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

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

Name of Scholarship amount \$ per year/per semester

Name of Scholarship amount \$ per year/per semester

c. My parent or my spouse currently works at Blackfeet Community College: No Yes

IV. Military Information**Required – DO NOT LEAVE BLANK**

Yes No I am currently serving in the military.

Yes No I am a veteran of the US Armed Forces.

I am not required to register with Selective Service because I am a female.

I am a male and I am registered with Selective Service, I registered on (date): ____/____/____

I am male: I am not sure if I am registered with Selective Service. I need to register

V. Parent Information (MUST mark at least one with whom you reside, if under the age of 24 years old)

1. Parent(s) Or Legal Adoptive Parent Or Legal Guardian Or Parents are deceased

2. _____
Parent name(s)

3. _____
Physical Address City State Zip Phone

VI. Family Education Rights & Privacy Act (FERPA)**(NOTE: Failure to give permission will not affect your aid eligibility.)**

I, give my permission to the BCC Financial Aid Office to discuss my financial aid student account with the following people.

Name _____ Relationship _____

Name _____ Relationship _____

Specific information will not be given over the phone. You may attach sheet if additional space is needed.

Policy on FERPA can be found here: <http://www2.ed.gov/policy/gen/guid/fpco/ferpa/index.html>

VII. Previously Attended College, University, Vo-Tech, Proprietary Schools

List ANY previous college, university, vo-tech or proprietary school you have attended (regardless of time span). All official academic transcripts must be provided to the BCC Admissions Office before ANY federal aid can be awarded. You may attach a separate sheet if more space is needed. **If you have attended BCC more than two years ago, please add to this list:**

Name of Institution	City/State	Date(s) attended	Received Aid? (Yes or No)
_____	_____	_____	_____
_____	_____	_____	_____

VIII. Certification & Authorization**Required – DO NOT LEAVE BLANK****(initial and sign)**

_____, I, **certify** the statements on this form are true and correct to the best of my knowledge, and I agree to notify the Financial Aid office of any change in this information for the enrollment period. The college has my permission to verify this information and I agree to release copies of verification of information upon request to the college.

_____, I, **hereby** give BCC Financial Aid permission to electronically apply my financial aid, Pell, SEOG, and Need Based Scholarships & Work-Study payroll to ALL mandatory fees, and course fees associated with my registration at BCC. These fees include but are not limited to tuition; mandatory fees; book charges, and fines.

_____, I, **understand** that if I drop completely out of school or withdraw or stop attending one or more registered courses before completing the 60% period of each semester, that I may repay a portion of my Pell Grant or FSEOG back and that any costs, or fees I have incurred are my responsibility, and that this may affect my future funding.

Signature _____ Date Signed _____

Note: If I do NOT authorize the processes above, I understand that I must pay my account in full before any of my financial aid funds will be released to me.