

Office of Financial Aid

Mailing Address:
 Financial Aid Office
 PO Box 819
 504 SE Boundary St.
 Browning, MT 59417



Contact Info:
 Ph#: 406-338-5421
 ext. 2245 or 2246
 Fax: 406-338-3776

2023-24 FINANCIAL AID DATA FORM
 (July 1, 2023 to June 30, 2024)

ACADEMIC TERM INFORMATION

Please Check Term(s) Applying for: Fall 2023 <input type="checkbox"/> Spring 2024 <input type="checkbox"/> Summer 2023 <input type="checkbox"/>		Enrollment Status circle: Fulltime (12) ¾ Time (9-11) Half time (6-8) Less than half (1-5)	Will you be attending more than one college/university at the same time?: <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, explain: _____ Which ones?
Admission Status: <input type="checkbox"/> New Student <input type="checkbox"/> Returning <input type="checkbox"/> Transfer <input type="checkbox"/> BCC Graduate			

INSTRUCTIONS: To complete this form, please print clearly using a pen, BCC requires that all students complete the **FAFSA**, to be considered for Pell Grant, other Federal, State and Tribal Grants/Scholarships.

STUDENT PERSONAL INFORMATION

Last Name	First Name	Middle Initial	Social Security #	*SID# REQUIRED
Mailing Address (P.O Box, Street Address, etc.)		City	State	Zip Code
Current Home Telephone Number		Cell/Message Phone Number	Email Address	
Date of Birth	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female Gender you Identify: _____	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separate <input type="checkbox"/> Widowed/Divorce <input type="checkbox"/> Common Law		
If enrolled in what tribe: _____ Enrollment #: _____ Descendancy _____		Have you submitted FAFSA for the current year? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In Process / If yes, what is your EFC?: _____		

ACADEMIC INFORMATION

<input type="checkbox"/> H/S Diploma <input type="checkbox"/> GED <input type="checkbox"/> Hi-Set	Date of Graduation	Name	Location
Type of Degree(s) you are currently seeking at BCC: <input type="checkbox"/> (CT) Certificate <input type="checkbox"/> (AA) Associate of Arts <input type="checkbox"/> (BSN) Bachelors of Science Nursing <input type="checkbox"/> 2+2: _____		Name of Program: _____ <input type="checkbox"/> (AS) Associate of Science <input type="checkbox"/> (E) Endorsement <input type="checkbox"/> (AAS) Associate of Applied Science <input type="checkbox"/> None: _____	
Please Check Type of Degree(s) you have ALREADY received and/or earned <input type="checkbox"/> None <input type="checkbox"/> Certificate <input type="checkbox"/> Associate's <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's <input type="checkbox"/> Ph.D.			
RETURNING STUDENTS: Have you ever received Financial Aid at BCC? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which semester and year you last attended at BCC? _____			
Name of Last College/University Attended	Attendance Date (Month & Year)	Did You Receive Financial Aid? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Last College/University Attended	Attendance Date (Month & Year)	Did You Receive Financial Aid? <input type="checkbox"/> Yes <input type="checkbox"/> No	

FAMILY INFORMATION (All applicants must complete this section)

Do you have dependents? How many dependents?	What are their ages:
--	----------------------

BACKGROUND INFORMATION (Must be completed)

<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a first generation student (<i>the first person in your immediate family to pursue a college degree</i>)?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Were you employed more than 20 hours per week last year, how many per week? (excluding work study)? _____ If yes, what was your adjusted gross income for last year? _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you live with your parents? If no, where will you live while attending BCC? _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you currently in the US Armed Forces? If yes, which branch _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a veteran? If yes, year discharged: _____

CERTIFICATION AND SIGNATURE Please read, sign, and date.

By signing this form, I certify that all information provided is accurate and I have not purposely given false or misleading information. I certify that I will use all Title IV, Tribal, State funds received only for expenses related to my studies at Blackfeet Community College. During review and verification of my FAFSA/ISIR and correction(s) are required; I give permission to the Financial Aid staff to make any necessary corrections on my FAFSA and I understand that any changes to the FAFSA may result in my funding to change.

Student Signature REQUIRED	Date
-----------------------------------	------