



FINANCIAL AID SUPPLEMENTAL INFORMATION FORM

Name: _____
Last First Middle Prior/Maiden

Permanent Address: _____
Street City State Zip Code

Local Address: _____
Street City State Zip Code

SS#: XXX-XX-____ Birth Date: ____/____/____ Student's Home #: () ____ - ____

Email: _____ Student's Cell/Work #: () ____ - ____

EMERGENCY CONTACTS

List two **INDIVIDUALS** that will always be able to contact you.

Name	Address	Telephone #	Relationship
		() ____ - ____	
		() ____ - ____	

HIGH SCHOOL/GED OR HIGH SCHOOL EQUIVALENCY HISTORY

I Have Graduated ☐ Yes ☐ No

(Received a high school diploma, successfully passed High School Equivalency, or was successfully home schooled)

Date (Month/Year) _____

Name and Location

COLLEGES PREVIOUSLY ATTENDED

I Am Currently In Default on a Student Loan ☐ Yes ☐ No

I Attended Other Colleges and/or Trade Schools ☐ Yes ☐ No

If Yes, List All Colleges and/or Trade Schools You Have Previously Attended.

The MCC Financial Aid Office Will Check NSLDS For All Prior Aid Received.

Name of Post-Secondary Institution(s) Full Name of School, City and State	Period of Attendance	
	From Month/Year	To Month/Year

STUDENT HOUSING STATUS

Where will you be living during the time for which you have requested financial aid?

☐ Parents ☐ Spouse ☐ Self ☐ Campus Housing ☐ Other _____

WARNING: IF YOU PURPOSELY GIVE FALSE OR MISLEADING INFORMATION ON THIS WORKSHEET,
YOU MAY BE FINED, SENTENCED TO JAIL, OR BOTH

DEFERMENT AUTHORIZATION AGREEMENT

Please initial that you understand the following: (Please initial all boxes.)

- ☐ In order to receive financial aid, **I must be enrolled in and attending classes** at Mesalands Community College (MCC).
- ☐ I authorize MCC to credit any financial aid I receive to my student account to pay for tuition, fees, bookstore charges and any other educational related charges I may incur.
 - I understand that all charges will automatically be deducted from my financial aid. If my financial aid is canceled for any reason or if my financial aid does not cover all of my charges, I will be responsible for paying in full, any charges owed to MCC.
 - I further understand that if I fail to pay these charges, a hold may be placed on my registration and my academic records. I will also be responsible for paying all costs necessary for collections, including legal costs and attorney fees.
 - Furthermore, I understand that if I do not authorize this deferment, and I do not pay my charges (tuition, fees, etc.), by the scheduled deadlines my classes may be dropped.
- ☐ If corrections are required to my FAFSA, original award amounts are subject to change.
- ☐ I understand that changes in my enrollment status and/or my attendance record, may affect my Pell Grant eligibility.
- ☐ I understand that I must provide an "official" high school or GED transcript to Mesalands Community College for verification of eligibility purposes.
- ☐ I understand that I may be selected for verification and I may have to provide copies of my tax information, untaxed information, and any other information necessary to complete my file. I will receive notification via email or mail advising me of missing information or documents.
- ☐ I understand if a Return of Title IV Funds calculation is required to determine the amount of aid earned, my signature on this document is acceptance of the recalculation. This will be performed if I do not complete each semester I am enrolled in.

I certify that all of the information submitted is true and correct to the best of my knowledge.

Student Signature: _____ Date: _____