

Seattle Central College

Division of Student Financial Aid Services
1701 Broadway, BE1104C
Seattle, WA 98122
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FINANCIAL AID DATA SHEET 2017-2018

Deadline Dates:

Fall – June 16, 2017

Spring – February 2, 2018

Priority March 15, 2017

Winter – November 3, 2017

Summer – May 4, 2018

Personal Information:

NAME (LAST): _____ FIRST: _____ Previous Last Name(s): _____

Social Security Number: _____ SID Number: _____

Age: _____ Birthdate: _____ Marital Status: ☐ Single ☐ Separated ☐ Married ☐ Divorced ☐ Widowed

Do you have dependent children? ☐ Yes ☐ No Ages _____

Number _____ Street _____ Apartment Number _____

City _____ State _____ Zip code _____ Telephone Number _____

❖ **PLEASE NOTIFY THE FINANCIAL AID OFFICE OF ANY CHANGES TO YOUR NAME, ADDRESS, EMAIL, AND TELEPHONE NUMBER**
❖ **MUST ALSO BE DONE ON OUR WEBSITE AT <https://wts.seattlecolleges.edu/seacen/stuaddr/waci203.html>**

Academic Information (including college/universities attended in other countries:

High School Graduate? ☐ Yes ☐ No Mo./Yr. graduated ____/____ High School Name _____

-OR-

GED Certificate? ☐ Yes ☐ No Mo./Yr. received ____/____ City _____ State _____

If no H.S. Diploma or GED, will you be in a High School Completion Program or Running Start during 2017-2018? ☐ Yes ☐ No

❖ **LIST all college or schools you have attended SINCE high school, including THIS College, and any college outside the U.S.**

☐ I certify that I have never attended any college, university, trade or technical school, including present or past attendance at this school.

School	City, State	Previous Names Used	Degree Received	Dates Attended

Do you presently hold a college degree? ☐ Yes ☐ No If yes, what type ☐ Associate - 2 yr. ☐ Bachelor - 4 yr.
(Include degrees received outside the U.S.)

Are you interested in Work –Study? ☐ Yes ☐ No

Program of Study: What year in college will you be? ☐ First (0-45 credits) ☐ Second or More (46-90+ credits)

REQUIRED INFORMATION Estimate when you will complete the program you selected below: Month/Year ____/____

What degree or certificate program are you pursuing at this school? **CHECK ONE ONLY**

☐ Associate of Arts degree (Transfer to 4 year) (**Specify area of study**) _____

☐ Associate of Science degree (Transfer to 4 year) (**Specify area of study**) _____

☐ Associate of Applied Science degree (AAS) (**List vocational program**) _____

☐ Certificate (**List certificate program**) _____

☐ Bachelor **MUST BE ADMITTED** (Central Campus Only) Circle the Bachelor Program for which you have been accepted

ALLIED HEALTH APPLIED BEHAVIORAL SCIENCE (ABS) DENTAL HYGIENE NURSING RESPIRATORY CARE

Residency:

Have you lived in Washington State for the last 12 months?

☐ Yes ☐ No

If no, what month and year did you move to Washington?

_____/____/____

Statement of Eligibility and Educational Purpose. All students must complete this statement. READ CAREFULLY!

I certify that I do not owe a refund on any grant or loan, am not in default on any loan or have made satisfactory arrangements to repay any defaulted loan, and have not borrowed in excess of the loan limits, under Title IV programs, any institution.

I understand that **I must be enrolled in an eligible degree or certificate program of study at this college, which is at least three quarters in length. I understand that I can only enroll in classes that apply to my program of study.** I understand that if I change programs, I must submit a Program Change petition to the Financial Aid Office. I understand I must make Satisfactory Academic Progress (as defined by the Financial Aid Office) toward completion of my college degree or vocational certificate in order to remain eligible for any aid which I might be awarded. Furthermore, I understand that if I withdraw from the college, that any tuition refund will be returned to the appropriate financial aid account(s). I may also owe a repayment of a portion of the aid received, and I agree to repay all funds owed. I also agree to notify the financial aid office before processing a withdrawal from the college.

I certify that I am not and will not receive financial aid concurrently at more than one college.

This institution reserves the right to withdraw, reduce, or modify my award due to funding limitations or due to changes in circumstances, which may affect my eligibility.

I agree to notify the Financial Aid Office immediately of any change in my address or in my financial status:

If awarded a State Grant, I certify that I will comply with the following Conditions of Award:

1. I am a resident of the State of Washington, in accordance with RCW 28B.15.011-013.
2. I do not owe a refund or repayment on a State Grants, a Pell Grant, Academic-Competitiveness Grant, SMART Grant or a Supplemental Education Opportunity Grant; nor am I in default on a loan made, insured, or guaranteed under the Federal Family Education Loan Program, the Federal Perkins Loan Program, or the Federal Direct Student Loan Program.
3. I am registered at least three credits at this institution and am making satisfactory progress toward completion of my degree or Certificate.
4. I understand that this grant is awarded to assist in meeting educational expenses and should ***I withdraw from classes, repayment of all or part of the grant may be required.***
5. I understand that when I am able, I can voluntarily make financial contributions to the Washington Student Achievement Council (WSAC), in recognition of the STATE GRANTS, and that these gifts will be used to provide financial assistance to other students.
6. I understand that the offer of a STATE GRANT is subject to and conditioned upon the availability of funds. Further, I agree that the Washington Student Achievement Council and this institution reserve the right to withdraw, reduce, or modify the grant due to funding limitations or due to changes in circumstances which affect my eligibility for the STATE GRANTS.
7. I am not pursuing a degree in theology.

I certify that the information provided in this application and other financial aid documents represents full disclosure and is true and correct to the best of my knowledge. I understand that failure to fully disclose all requested information or reporting false information is grounds for denial of aid. I also understand the Financial Aid Office is required to report such actions to the appropriate law enforcement agencies for possible criminal prosecution.

I authorize the college to apply my financial aid toward my tuition and fees. This authorization is valid indefinitely unless rescinded in writing by me, which I understand may be done at any time.

I certify that I have received, read, understand, and take full responsibility for the financial aid consumer information provided by the college. I will use all Title IV, state and college money received only for expenses related to my study at:

Name of College: ☐ North ☐ Central ☐ SVI ☐ South

Student Signature _____ **Date** _____

Warning: Purposely giving false or misleading information is subject to a fine of up to \$20,000, prison, or both.

Information in this publication is subject to change without notice. Please contact the Financial Aid Office if you have any questions.