

2009-2010 FINANCIAL AID STUDENT DATA FORM

STUDENT INFORMATION

Student Name: _____

ID#: _____

Address: _____

Telephone Number: _____

Date of Birth: ____/____/____

Legal Residence: Montana Military Other state: _____

Enrollment Status:

Fall Term 2009

Spring Term 2010

Will you attend Summer?

(Please indicate how many credits you plan on taking each semester)

- 12 or more credits
- 9-11 credits
- 6-8 credits
- 1-5 credits
- 0 credits

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- 9-11 credits
- 6-8 credits
- 1-5 credits
- 0 credits

- Yes
- No

Half time will be assumed for all students who indicate "yes" for summer. You may change this after you register for summer.

Will you have earned BACHELOR'S degree as of July 1, 2009? Yes No

EDUCATIONAL RESOURCES

List all expected resources, other than Federal financial aid, available to meet expenses during the term(s) financial aid is desired. If the exact amount is unknown, but you know that the agency will be covering tuition, fees and books, simply write in "TFB". **Note:** All students must complete this section with the best estimates possible. Married students should NOT include a spouse's resources.

Resource Description

Veterans Benefits (*Circle One*) Chapter: 30 31 33 35 1606 1607 Nat Guard/Reserve estimated amount per semester \$ _____

Military Tuition Assistance Yes No estimated amount per semester \$ _____

Vocational Rehabilitation Benefits Yes No estimated amount per semester \$ _____

JTPA; WIA or Project Challenge Yes No estimated amount per semester \$ _____

Bureau of Indian Affairs Grant Yes No estimated amount per semester \$ _____

Did you receive a Native American Fee Waiver at MSUGF during 2008-2009? Yes No

If you answered no and you are Native American, you may contact the Financial Aid Office for more information.

Other Benefits (Source: _____) Yes No estimated amount per semester \$ _____

Scholarships (list names and amounts of scholarships) _____

OTHER POST-SECONDARY ATTENDANCE

Have you attended or do you plan to attend any another post-secondary institution **between July 1, 2009 and June 30, 2010?** Yes No
If yes, list the institution name, city and state below. If no, write NONE below.

INSTITUTION	CITY, STATE	DATES OF ATTENDANCE

AUTHORIZATIONS

I understand that any financial aid that is accepted will be credited to my college student account to pay institutional charges including bookstore charges. By signing this form, I certify that all the information reported to qualify for Federal and State student aid is complete and correct. **WARNING:** If you purposely give false or misleading information on this form, you may be fined, be sent to jail, or both.

Student's Signature: _____

Date: _____

Please return this form to:

Financial Aid Office
MSU-Great Falls COT; 2100 16th Ave South; Great Falls, MT; 59405
[406]771-4334 [800]446-2698 Fax [406]771-4410
finaid@msugf.edu www.msugf.edu