2007-2008 SUPPLEMENTAL APPLICATION

FINANCIAL AID OFFICE
1653 Jerome Avenue / Astoria, Oregon 97103
Phone: (503)338-2322 Fax: (503) 325-5738

The CCC Financial Aid Office has received your 2007-2008 FAFSA! Your next step is to complete and return this Supplemental Application promptly so that the processing of your FAFSA can begin at CCC. Some types of funding can be depleted during the academic year and the date this application is returned will be used to determine your eligibility along with your other information and documents.

It is in your best interest to return this application promptly!

Student's Current Information: Please notify the Financial Aid Office of any future changes of name, address and telephone number.	Name_____/_____ Last First Middle initial Maiden SSN: _____/_____/_____ Date of Birth _____/_____/_____ Male☐ Female☐ _____/_____ Mailing Address → list street address-if different from mailing _____(____)_____ City State Zip Telephone number

Where will you live while attending Clatsop during the 2007-2008 academic year?	____ I will be providing for my own housing (away from parents) ____ I will live with my parent(s) ____ I will receive free housing through Tongue Point Job Corps Center *Notify this office if your living situation changes from what you report here.

What is your planned enrollment at Clatsop for each term during the 2007-2008 academic year? **Mark all terms.**	**Mark all terms →**	**FALL** (Sept. 2007)	**WINTER** (January 2008)	**SPRING** (March 2008)
	FULL TIME (12 or more credits)			
	THREE-QUARTER TIME (9-11 credits)			
	HALF-TIME (6-8 credits)			
	LESS THAN HALF-TIME (1-5 credits)			
	I WILL NOT BE ATTENDING THIS TERM			

Did you or will you receive a High School diploma AFTER the date of January 1, 2006?	____No ____Yes. If yes, list the date of your High School graduation here_____/_____ Month Year

Did you or will you attend any <u>other</u> college(s) (<u>besides</u> Clatsop) <u>during the 2007-2008 academic year</u>? (June 2007 - June 2008)	____No ____ Yes. If yes, list the college name_____ term attended_____ Note: You cannot receive aid from more than one school in the same term.

Have you previously attended Clatsop Community College?	____No ____ Yes. If yes, what year(s) did you attend?_____ Under what name(s) did you attend? _____

Have you attended any <u>other</u> college(s) or institution(s) <u>beyond</u> high school? **<u>Important:</u> You <u>MUST</u> submit grade transcripts from <u>all</u> institutions you have attended <u>other</u> than Clatsop. <u>Your financial aid funding will be held until all grade transcripts have been received</u>.**	____No ____ Yes. List below all colleges or institutions you have attended. Name of college(s) Year(s) attended _____ _____ ***You must submit** _____ _____ **all grade transcripts!** _____ _____ **Please note**: If you have attempted **135 credits** or more, you **will not be eligible for financial aid at Clatsop** unless you petition for an extension and are approved. **All credits attempted** at other institutions and at Clatsop **count toward the maximum credit limit** at CCC. See the Financial Aid Office for more details.

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. I understand that if my financial aid award does not cover my charges for tuition, fees, and other allowable charges, that I am responsible for the immediate payment of the remaining outstanding debt.

I understand that if I purposely give false or misleading information, it could result in the cancellation of my financial aid. I declare that the information reported on this form to the best of my knowledge and belief is true, correct, and complete.

I take full responsibility for reading and understanding all information made available to me by the Financial Aid Office concerning how to receive and maintain my financial aid. I understand that I must be officially admitted to Clatsop Community College through the Admissions Office in order to qualify for my financial aid.

Student Signature:_____ Date:_____/_____/_____