

Atlantic Cape Community College

Financial Aid Office
Institutional Application for Aid
Academic Year 2009-2010

Name _____ SS# _____

Email Address	
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This email address will be used to send important messages regarding your Financial Aid. It is important to contact our office if you change or update your e-mail address.

- | YES | NO | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have a high school diploma or GED? (If "NO", please go to the next question) |
| <input type="checkbox"/> | <input type="checkbox"/> | If you are in high school, will you receive your diploma by July 1, 2009? (If "NO", please contact Financial Aid for additional information) |
| <input type="checkbox"/> | <input type="checkbox"/> | Will you have an associate's degree by July 1, 2009? |
| <input type="checkbox"/> | <input type="checkbox"/> | Will you have a bachelor's degree by July 1, 2009? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you interested in receiving financial aid through our college work-study program? |
| <input type="checkbox"/> | <input type="checkbox"/> | Will you be living with your parent or guardian while attending ACCC? |
| <input type="checkbox"/> | <input type="checkbox"/> | Will you be paying childcare for your dependents, (under age 12) in order to attend ACCC? If yes, please indicate the weekly amount you will be paying. \$_____. |
| <input type="checkbox"/> | <input type="checkbox"/> | Will you be paying additional expenses due to a disability? If yes, please indicate the monthly amount you will be paying. \$_____. |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you attended any post secondary schools since July 1, 2009? If yes, please list all schools you have attended since July 1, 2009. |

Name of College, University or Vocational School	City/State of school

Attending another institution during the same academic year may affect your eligibility. If you do not disclose this information you may lose eligibility at a later date.

Please indicate your program of study. (**Check Only One**)

- Credit Classes Nursing Clinical Culinary Non-credit

Student Signature _____ Date _____

By signing this application, you agree to allow Atlantic Cape Community College the right to mail any or all correspondence to the email address you listed above.