



2009-2010

QUESTIONNAIRE/EDUCATIONAL GOAL/STUDENT AUTHORIZATION

PART I: QUESTIONNAIRE

SS#

SS# input boxes

Last Name First Name MI Date of Birth

The address you provide here will be used to mail any correspondence and your financial aid disbursement.

Street Apt # Home Phone City State Zip Code Cell Phone

Will you pay child care expenses for dependents (age 12 and under) while you are attending school? Yes No

PART II: EDUCATIONAL GOAL

All students must choose one Educational Goal in order to be eligible for financial aid. My Educational Goal and Major at LAVC is:

Certificate AA/AS Degree Transfer Program Major:

If you are undecided about a major, we suggest you meet with an Academic Counselor to obtain a Student Educational Plan.

Have you earned a U.S. or foreign high school diploma, a GED, or passed the California Proficiency Exam (CPE)? Yes No

PART III: STUDENT AUTHORIZATION

You MUST read, sign and return this form to the Financial Aid Office. No funds will be disbursed to you until this form has been received and reviewed.

- I agree to report any additional resources I may receive... I agree to report to the Financial Aid Office any changes in my academic status... I understand that I must comply with all Satisfactory Academic Progress requirements...

I understand that if I do not receive sufficient financial aid to cover the charges listed below, I am responsible for paying any unpaid portion to the College Business Office.

- Student Financial Aid Advance/Loan Child Care payment Equipment (athletic, chemistry lab, etc.) Book Loans Prior year drop fees Student Representation Fee NSF/returned checks including service fees Institutional debt Overpayment of Title IV funds Library books and fines Prior year enrollment fees Emergency Loan Dean's Loan Student Health Fee Transcript fees

I understand that I may cancel or modify this authorization at any time, however if I do, I cannot participate in Electronic Fund Transfer (EFT).

I understand that it is against Federal Regulations for any student to receive financial aid at more than one school at the same time.

I am willing to receive financial aid correspondence by e-mail. Yes No

Student's Signature

Date

E-mail Address



SAINS



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