

## Financial Aid Supplemental Form — 2009-2010

Fill Out Completely and Return to the Student Services Center.

1. Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Last First Middle (Prior Name)

Mailing Address \_\_\_\_\_  
Street City State Zip Code

Social Security Number \_\_\_\_\_ Telephone (Area Code) \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Cell Phone (Area Code) \_\_\_\_\_

2. Campus Attending: (circle all that apply) Beaver Dam    Fond du Lac    West Bend    All Online Courses

3. Indicate 2009-2010 program at Moraine Park (**Note:** You **must** be accepted into an aid-eligible program in order to receive financial aid.)  
 \_\_\_\_\_

4. Anticipated Graduation Date From Moraine Park Technical College: \_\_\_\_\_

5. Associate Degree or Technical Diploma Program Enrollment (check all that apply)

**If this changes, you must notify our office.**

	Full-time 12 or more credits	3/4-Time 9 to 11 credits	1/2-Time 6 to 8 credits	Less-Than-Half-Time 1 to 5 credits
Semester 1, August 2009	_____	_____	_____	_____
Semester 2, January 2010	_____	_____	_____	_____
Summer 2010	_____	_____	_____	_____

**Courses will be evaluated for the graduation requirements of the aid-eligible program listed in question 3.**

6. I am a veteran. (circle one) Yes    No

7. I have    have not    (circle one) attended another institution of higher education.

If you have, please list: \_\_\_\_\_  
 \_\_\_\_\_

8. I have a bachelor's degree. (circle one) Yes    No

9. Number of miles to campus **one** way (transportation allowance): \_\_\_\_\_ No Mileage - All Online Courses \_\_\_\_\_

10. Family Members - List ALL members of your family included in the household size on your Free Application for Federal Student Aid (FAFSA) even if they are not in college.

Name of family member	Age	Relationship to student	College attending in 2009-2010	Will be half-time or more for at least one semester in college
		SELF	Moraine Park Technical College	___ Yes ___ No
				___ Yes ___ No
				___ Yes ___ No
				___ Yes ___ No
				___ Yes ___ No

11. Male    Female (circle one)

12. Marital Status: (circle one) Single    Married    Separated    Divorced    Widowed

Date you were Married    Separated    Divorced    Widowed \_\_\_\_\_

13. While attending Moraine Park, I plan to reside in: (circle one) Parent's home/apartment My home/apartment  
 Other (explain) \_\_\_\_\_

14. My Current Employer: \_\_\_\_\_  
 Spouse's Current Employer: \_\_\_\_\_

15. My Race/Ethnic Origin: (circle all that apply) White Black Hmong Vietnamese Cambodian Laotian Hispanic  
 American Indian Other (specify) \_\_\_\_\_

16. Are there any scholarships, grants or fee remissions **not** administered by Financial Aid that you are likely to receive during the 2009-2010 academic year? If so, please list below:

Name or Kind of Award	Granting Agency	Amount	Definite	Indefinite
_____	_____	_____	_____	_____

17. **Are you (or spouse) receiving or do you plan to apply for any of the following benefits?** (If so, please indicate the amount.)

	No	Yes	Amount	Per	Year	\$	_____
TANF	_____	_____	Amount	Per	Month	\$	_____
Job Center, WIA, WAA	_____	_____	Amount	Per	Year	\$	_____
Workforce Development, TAA, TRA	_____	_____	Amount	Per	Year	\$	_____
DVR - Wisconsin Division of Vocational Rehabilitation	_____	_____	Amount	Per	Year	\$	_____
Social Security (SS)	_____	_____	Amount	Per	Month	\$	_____
Supplemental Security Income (SSI)	_____	_____	Amount	Per	Month	\$	_____
Unemployment Compensation	_____	_____	Amount	Per	Month	\$	_____
Workers' Compensation	_____	_____	Amount	Per	Month	\$	_____
GI Bill/Veterans Assistance	_____	_____	Amount	Per	Month	\$	_____
Employer-Paid Tuition	_____	_____	Amount	Per	Year	\$	_____
State Veteran's Tuition Assistance	_____	_____	Amount	Per	Year	\$	_____
Other _____	_____	_____	Amount	Per	Month	\$	_____

18. Please give additional expenses that you feel should be taken into consideration:  
 Child care costs: \$ \_\_\_\_\_ per month, \_\_\_\_ paid by self \_\_\_\_ paid by agency; support payments paid to another household according to court order \$ \_\_\_\_\_ per month; unusual medical costs; transportation problems, etc. \_\_\_\_\_

**19. CERTIFICATION STATEMENT BELOW MUST BE SIGNED OR FORM WILL BE RETURNED.**

I certify that all the information I have provided on this application and all supplementary forms is true, correct and complete and, if granted assistance, I will use it only for educational purposes as approved by Financial Aid for the period covered by this application at Moraine Park and only at that institution. I further authorize Financial Aid, or its representatives, to obtain such additional information concerning my education program and financial record as the above-named office may need to complete the processing of this application. It is also my understanding that Financial Aid may, as it deems appropriate, release to others who may be considering me for financial assistance or making decisions relating to my education plans, information concerning the amount of any award I may receive.

**IMPORTANT: All courses previously taken at Moraine Park Technical College will be included in Satisfactory Progress evaluations.**

I authorize Moraine Park to credit federal student aid funds for paying tuition, fees, books and minor prior-year charges on my student account, and I understand I am responsible for any charges to my student account.

You need to activate your student e-mail account. **This Moraine Park-issued e-mail account is your official means of communication with the College.** This includes eCollege communications, Financial Aid, notifications for availability of grades, registration information, faculty communications, etc.

Check this box if you give Moraine Park Technical College permission to correspond with you via your Moraine Park e-mail. Your original Award Letter will be mailed via U.S. mail.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**WARNING!** This form is used in establishing eligibility for federal and state student aid funds. You should know that intentional false statements or misrepresentations may subject the applicant to a fine or imprisonment, or to both. Intentional false statements or misrepresentations may also eliminate you from any future consideration for any assistance.

**Academic Year Covered By Awards: August 3, 2009, to May 31, 2010.**