SCITAC Application for Financial Aid 2023-2024

TITLE IV CODE: 014073

Last Name:								First Name:				
Social Security #:								Date of Birth:				
Permanent Add	ress:											
Permanent Phone #:						Phone a	Phone #:			Email:		
I will be living:		with Parents	🗆 on i	on my own								
I am a:		U.S citizen 🗆 Perma					rmane	ent Resident, Alien Registration #:				
Name of High School:							Graduation Date:					
Address of High	n Sch	iool:										
Name of College Previously attended:								State:				
Dates Attended:								Degree or Certification Earned				
Name of College Previously attended:								State:				
Dates Attended:								Degree or Certification Earned				
I am attending:		Fall		Spring		Summe	ЭГ		Semester Abroad (specify):			
My Program is:		M. Arch 1		M. Arch 2		Thesis			EDGE			
Studio Level:			Eni	rollment:		Full Tim	ne		Half Time		Three Quarter Time	
I am interested in the following:				Unsubsidize	Unsubsidized Stafford Loan				Private Loan		Graduate PLUS Loan	
				Work-Study								

By signing this document, I hereby certify the following:

- 1. I have read and understand all information provided to me on this document.
- 2. I certify that the answers I have given are true, complete and correct to the best of my knowledge.
- 3. I have completed the FAFSA and am providing all documents required by the Financial Aid Office in a timely manner.
- 4. I understand that any changes to the information I have provided on this document may require a revision to my financial aid awards. I also understand that if there are changes made to any of this or FAFSA's information (which may change my eligibility) after I have received my financial aid check, I may be required to pay back part or all funds received.
- 5. I understand that if I do not accept all awards given to me and there is a tuition balance due, that it is my responsibility to pay the balance prior to the beginning of each semester or make immediate arrangements with the Finance Office.