

# SCITC

## Application for Financial Aid 2025-2026

TITLE IV CODE: 014073

Last Name:

First Name:

Social Security #:

Date of Birth:

Permanent Address:

Permanent Phone #:

Phone #:

Email:

I will be living: ☐ with Parents / Relatives

☐ on my own

I am a: ☐ U.S citizen

☐ Permanent Resident, Alien Registration #:

Name of High School:

Graduation Date:

Address of High School:

Name of College Previously attended:

State:

Dates Attended:

Degree or Certification Earned:

I am attending: ☐ Fall

☐ Spring

☐ Summer

☐ Semester Abroad (specify):

Studio Level:

Enrollment: ☐ Full Time

☐ Half Time

☐ Three Quarter Time

I am interested in the following: ☐ Subsidized Stafford Loan

☐ Unsubsidized Stafford Loan

☐ Private Loan

☐ Parent PLUS (Dependent Students only)

☐ Work-study

I have received Financial Aid from previous College:

☐ Subsidized Stafford Loan

☐ Unsubsidized Stafford Loan

☐ PELL

☐ Cal Grant

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.

Name:

Signature:

Date: