

SCITC

Application for Financial Aid 2024-2025

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: _____