

# SCI-ARC

## Application for Financial Aid 2026-2027

TITLE IV CODE: 014073

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Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Permanent Phone #: \_\_\_\_\_ Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

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: \_\_\_\_\_