

# 2009-2010 Financial Aid Data Sheet

**Financial Aid Office**

1933 Fort Vancouver Way  
 Vancouver, WA 98663-3598  
 (360) 992-2153 FAX (360) 992-2864  
 finaid@clark.edu

INSTRUCTIONS: Please fill out this PDF form online. Since electronic submission of this form is currently not available, we recommend mailing, faxing to 360-992-2864, or delivering the form to the Financial Aid Office. Use the "TAB" key to move from one field to another. After filling out the form, print it, then sign and date the bottom of the page (where it asks for a signature). After it has printed, click on the button labeled "Clear all data", to remove all information before closing this form.

## Print clearly using black or blue ink

<b>9 4 0 - -</b>	<b>- -</b>		
Student ID Number	Social Security Number		
Last Name	First	Middle Initial	
		(      )      -	
Mailing Address	Apt. No.	Day Phone	
		(      )      -	
City	State	Zip	Evening Phone
List Previous Last Name(s)	Date of Birth	Age	Email Address
Indicate <b>ALL</b> quarters you plan to attend: <input type="checkbox"/> Summer '09 <input type="checkbox"/> Fall '09 <input type="checkbox"/> Winter '10 <input type="checkbox"/> Spring '10			

Please indicate the degree or certificate you will be enrolled in during the **2009-2010** academic year.

**Name of Program of Study:** \_\_\_\_\_

Yes     No    Do you have a bachelors degree (or higher) from the United States or the equivalent of a bachelors degree (or higher) from a foreign country?

I intend to complete:

### CHECK ONLY ONE BOX

A two year degree program

A certificate program

An apprenticeship program

I have my degree and am completing preparatory coursework for admission to \_\_\_\_\_ (Name of college, other than Clark College)

*Please have your college's academic advisor or program administrator fill out this form, [http://www.clark.edu/admissions\\_fin\\_aid/fin\\_aid/forms.php#prep\\_sourcework\\_contract](http://www.clark.edu/admissions_fin_aid/fin_aid/forms.php#prep_sourcework_contract), that states specific coursework needed and the name of the program to which you intend to transfer.*

**Veterans**

Yes     No    Do you anticipate receiving any VA Education Benefits at Clark College, as a Veteran or as a Dependent of a Veteran?

**Stafford Loan Application**

A **separate application** submitted to the Financial Aid Office **is required** for the Stafford Loan program. This application is available on the website at: [http://www.clark.edu/admissions\\_fin\\_aid/fin\\_aid/stafford.php](http://www.clark.edu/admissions_fin_aid/fin_aid/stafford.php)

**Information Release**

Financial aid information is confidential. You may authorize this office to provide information to a person you designate by filling out and submitting an Information Release Form which is available in the Financial Aid Office.

**Please complete the next page of this Data Sheet.**

For Office Use Only

**Financial Aid Office Use Only**

SAR OK     C Problem

0000     Admissions    Initials \_\_\_\_\_

# Conditions of Award and Student Authorizations

Social Security Number# \_\_\_\_\_

- I understand that I must submit official transcripts from other schools I have attended if the credits can be used for my current program of study at Clark College.
- I understand that the offer of financial aid is subject to the availability of funds and that the Higher Education Coordinating Board and Clark College reserve the right to withdraw, reduce or modify grant aid, work study and loans due to funding limitations and/or unsatisfactory academic progress.
- I authorize Clark College to use the financial aid awarded to me to pay tuition and fees associated with my registration. I also authorize the payment of other discretionary fees and minor (not to exceed \$200.00) prior year charges.
- I understand that my Financial Aid will be adjusted to reflect my enrollment level based on the number of credits for which I am enrolled on the 10th class day of each quarter. If I drop classes within the first 10 days of the quarter, I understand that I may be required to repay the amount of aid I was not eligible to receive. If I add eligible classes during the first 10 days of the quarter, the financial aid office will reimburse me based on eligibility.
- I understand I must enroll in an eligible program of study and maintain satisfactory academic progress as defined in the Clark College Satisfactory Academic Progress Policy. If I unofficially or officially withdraw from my classes prior to the 60% point in time of the quarter, I may owe part or all of the aid I received back to the financial aid programs.
- I understand that I will not be eligible to receive financial aid if I am convicted for the possession or sale of illegal drugs while I am receiving federal student aid.
- I authorize Clark College to use post withdrawal disbursements (Federal Title IV funds earned but not received at the time of withdrawal) to pay for current outstanding tuition and discretionary fees.
- I authorize Clark College to use post withdrawal disbursements to pay down my outstanding Federal Title IV education loan balance.

## State of Washington Residents

- I am a resident of Washington, in accordance with RCW 28B.15.011-013.
- I understand that I cannot receive a State Need Grant if I have received an Associate of Applied Science/Associate Arts degree in the past five years.
- I am not pursuing a degree in Theology.
- I understand that, when I am able, I can voluntarily make contributions to the Higher Education Coordinating Board in recognition of the State Need Grant, and that my gift will be used to provide financial assistance to other students.

## Certification

By signing below, I understand the **Conditions of Award and Student Authorizations** outlined above. I declare that the information submitted is true and complete to the best of my knowledge. I certify that I do not owe a repayment on any grant or loan, am not in default on any loan, or have made satisfactory arrangements to repay my grant or defaulted loan. I have not borrowed in excess of the loan limits under Title IV at any institution. I have not been convicted for the possession or sale of illegal drugs for an offense that occurred while receiving federal student aid such as grants, loans or work study.

I understand that I may contact the financial aid office to modify or rescind any or all authorizations listed above. If I rescind my authorization, funds will be disbursed directly to me or my parent and I will be obligated to pay all debts owed to Clark College. I understand that outstanding debt obligations will prevent me from future Clark College registration and release of official Clark College transcripts.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Student Name \_\_\_\_\_

**Return to: Clark College, Financial Aid Office, 1933 Fort Vancouver Way, Vancouver, WA 98663-3598; fax: (360) 992-2864**

Clark College does not discriminate on the basis of race, color, national origin, sex, disability, age, religion, sexual orientation, gender identity, gender expression, creed, disabled veteran status, marital status, and Vietnam-era veteran status in its programs and activities.

