



COMMUNITY COLLEGE
12401 SE 320th St., Auburn, WA 98092-3622

2008-2009

Supplemental Financial Aid Application

Complete and Return to the Financial Aid Office

Read the questions carefully. Answer all questions. If the answer to a question is no, not applicable, none, unknown, or zero, write this in the space. Do not leave the space blank.

For PRIORITY CONSIDERATION, submit ALL forms by April 15, 2008.

Submit your FAFSA to the federal processor or complete on the web at www.fafsa.ed.gov **and** submit a completed GRCC Supplemental Financial Aid Application to the Financial Aid Office by April 15, 2008.

NAME _____			
Last	First	Middle	
Social Security Number _____	Student ID Number _____		
Previous Last Name(s) _____	Age _____	Birthdate _____	
Where will you live while attending college during 2008-2009?			
<input type="checkbox"/> with parents <input type="checkbox"/> with spouse <input type="checkbox"/> with roommate <input type="checkbox"/> alone or with children <input type="checkbox"/> room provided by friend or relative <input type="checkbox"/> campus apartments			
Address while attending college (if you receive mail at a P.O. Box, you must list a street address as well as Box Number)			
Number	Street	()	Apt. No.
City	State	Zip	Telephone Number
PLEASE NOTIFY THE FINANCIAL AID OFFICE OF ANY CHANGES OF ADDRESS.			

RESIDENCY	
Of what state are you a legal resident? _____	How many consecutive years and months will you have lived in the state of Washington immediately prior to September 1, 2008? _____ Years _____ Months

PARENTAL INFORMATION (Note: All Applicants Must Complete This Section)	
If both parents are deceased or reside outside the U.S., check here <input type="checkbox"/> , list the name of your nearest relative or other person who would know how to locate you and state his/her relationship to you.	
Mother's Name _____	Father's Name _____
Address _____	Address _____
City, State, Zip _____	City, State, Zip _____
Telephone Number _____	Telephone Number _____

Indicate the term(s) for which you are requesting financial aid:

Fall 2008

Winter 2009

Spring 2009

Summer 2009 — Summer quarter is considered the final quarter of the academic year and funding is limited. Please complete a GRCC Summer Financial Aid Request Form to request summer funding starting in April.

(APPLICANT) ACADEMIC INFORMATION

Do you have or will you have earned by September 1, 2008 (check one)

A high school diploma: Date received _____ High School _____

A GED: Date received _____ Neither a high school diploma nor a GED

Do you currently have a college degree from a school in the United States or a foreign country? Yes No If yes, indicate degree:

Associate Degree, year earned _____ Bachelor's Degree or higher, year earned _____ Other (explain) _____

If a new student, have you applied for admission Yes No If no, please complete admission application.

What degree/certificate program are you pursuing at GRCC?

University Transfer

General Transfer

Business Transfer

Math Transfer

Science Transfer (Option 1)

Science Transfer (Option 2)

Pre-Professional (Field _____)

Professional Technical

Degree

(Name _____)

Certificate

(Name _____)

Developmental Degree

ESTIMATED COMPLETION DATE AT GRCC _____

PREVIOUS EDUCATION

List all of the schools in the United States or in foreign countries which you have attended since high school.

If you have not attended any school since high school, write *NONE*. DO NOT LEAVE BLANK.

Name of School	Period of Attendance	Credits Completed
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

GENERAL

Marital status: Single Divorced Separated Married Date: _____

Number of dependent children living with you permanently: _____

Children's ages: _____

Will your spouse be attending college in 2008-2009? Yes No

If yes, institution: _____

If attending GRCC, provide spouse's Student ID No. _____

HOUSEHOLD INFORMATION

Please include yourself, your spouse, and people for whom you provide over 1/2 support. **If parents' information is required on the FAFSA,** include parents, yourself, and others for whom parents are responsible to provide over 1/2 support.

Name	Age	Relationship to student	Name of School (if in college at least 1/2 time)
		Self	GRCC

List the names and ages of the children for whom you will need assistance in paying child care expenses.

Have you applied for child care assistance through any other source? Yes No Name of agency. _____

EMPLOYMENT INFORMATION

Student (do not report work-study)

Are you currently employed? Yes No Starting date _____

Employer: _____

Average number of hours worked per week: _____

Hourly pay rate: \$ _____ or monthly pay rate \$ _____

I will continue this job. Hours per week: _____

I will terminate this job as of: _____
(Provide termination letter if work study requested.)

SPOUSE (complete this section only if you checked "married" under marital status)

Is spouse currently employed? Yes No Starting date _____

Employer: _____

Average number of hours worked per week: _____

Hourly pay rate: \$ _____ or monthly pay rate \$ _____

Spouse will continue this job. Hours per week: _____

Spouse will terminate this job as of: _____

SELF HELP

In addition to grant assistance, would you be interested in receiving:

- Yes No **Federal Work Study** (not eligible if working at another job)
- Yes No **Federal Stafford Student Loan**

VETERAN INFORMATION

Are you a veteran? Yes No Eligible for S.E. or S.W. Asia tuition reduction? Yes No

Have you applied for Veterans Benefits? Yes No What Chapter? _____ Monthly Amount _____

No Not eligible for the following reason _____

STUDENT'S OTHER RESOURCES FROM JULY, 2008 TO AUGUST, 2009

	<u>\$ Monthly</u>		<u>\$ Monthly</u>
Social Security/SSI	_____	Unemployment Compensation	_____
Labor & Industries (L&I).....	_____	Worker Retraining/TAA.....	_____
Child Support.....	_____	DVR/Vocational Rehabilitation	_____
Alimony.....	_____	Tribal Funds	_____
Public Assistance (TANF).....	_____	Other.....	_____
Assistance from Parents/Others.....	_____	Scholarships	_____

Note: If you reported no income or resources, how are your living expenses covered?

CERTIFICATIONS AND CONDITIONS OF AWARD

I understand that:

I must enroll in a program of study that leads to an approved degree or certificate at GRCC and the classes I take must be required for that program. I cannot use financial aid for high school completion.

I must maintain satisfactory academic progress in order to obtain and continue financial aid funding. This policy is explained in detail in a separate brochure.

I can be considered for financial aid eligibility during the equivalent of my first **nine** full-time quarters of attempted credits of 100 level or higher. This period includes transfer credits. Thereafter, I cannot receive financial aid even if my program of study has not been completed.

I am responsible for repaying all or part of my grants as well as any federal tuition refund in excess of the college's own refund policy should I withdraw from classes during the quarter.

If awarded Federal Work-Study, a job is not guaranteed. After an orientation session, I will be placed on payroll at the time I submit my last required form if a space on the payroll remains available.

I must agree to use state or federal financial aid funds for educational expenses related to my attendance at GRCC (tuition and fees, books and supplies, room and board, personal expenses, child care and transportation—excluding the purchase of a car).

GRCC reserves the right to adjust your financial aid because of changes in state or federal funding. A financial aid award does not imply a commitment on the part of the college to continue assistance beyond the time period stated in the award.

I will notify the Financial Aid Office of any changes in name, address or marital status, or the receipt of agency funding or other scholarships outside of the college.

I must reapply for financial aid each year and adhere to the annual application deadlines.

To receive a Washington State Need Grant, I must be (a) a resident of the State of Washington in accordance with RCW 28B.15.011-013; (b) be registered for 6 or more credits; (c) be making satisfactory progress toward my degree or certificate; and (d) not be pursuing a degree in Theology. I can make voluntary future contributions to the Higher Education Coordinating Board in recognition of the State Need Grant to be used to provide assistance to other students.

If I deliberately falsify, misrepresent or fail to fully disclose information on my financial aid application, I can be terminated from all financial aid for a year. If I receive funds based on misrepresented information, I will be required to repay the funds and may be reported to the U.S. Department of Education Investigation Division for possible fraud.

I affirm that the information contained on my financial aid applications is true and correct to the best of my knowledge. My signature indicates that I have read and agree to the Certifications and Conditions of Award.

Signature _____

Date _____