

**HIGHLAND COMMUNITY COLLEGE  
FINANCIAL AID DATA FORM  
2018-2019**

**PERSONAL INFORMATION**

Name: \_\_\_\_\_ Social Security Number \_\_\_\_\_

List any other surnames (last names) used previously: \_\_\_\_\_

Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_/\_\_\_\_/\_\_\_\_ Cell Phone: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Male: \_\_\_\_ Female: \_\_\_\_

Circle your current status: SINGLE MARRIED DIVORCED SEPARATED WIDOW(ED)

Do you receive Social Security Benefits? Y\_\_ N\_\_ If Yes – enter the monthly benefits \$ \_\_\_\_\_

**If you are under 24 years old enter your parent's information in this section:**

Parent's name: \_\_\_\_\_

Parent's phone number(s): \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent's address if different from yours listed above: \_\_\_\_\_

Do your Parent's receive Social Security Benefits? Y\_\_ N\_\_ If Yes – enter the monthly benefits \$ \_\_\_\_\_

**ACADEMIC INFORMATION**

Have you been an Illinois resident since before August 1, 2017? Y\_\_ N\_\_

Have you completed High School or earned your GED? Y\_\_ N\_\_

What year did you or will you earn this? \_\_\_\_\_

What high school or GED organization: \_\_\_\_\_

City/State \_\_\_\_\_

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**IMPORTANT-PLEASE READ**

To be considered for a PELL Grant, Supplemental Educational Opportunity Grant, College Work Study, Nursing Scholarship, Illinois MAP Grant, Federal Stafford Loan, or Highland Scholarships, you **MUST** complete the **FREE APPLICATION FOR FEDERAL STUDENT AID (FAFSA)**. You may also be required to submit to HCC Financial Aid office documents to support your application.

**Household Size for the period 7/1/18 through 6/30/19**

**INDEPENDENT** (as defined by the FAFSA application) students include **you** and the number of people for whom you (and spouse) will provide over one-half of their support.

**DEPENDENT** (as defined by the FAFSA application) students must include **you**. Also list your parent(s) and all other members of your parent's family currently in their household and for whom your parent(s) provide over one-half of their support.

<b><u>NAME</u></b>	<b><u>AGE</u></b>	<b><u>RELATIONSHIP TO YOU</u></b>	<b><u>EMPLOYER/SCHOOL</u></b>
		<b>SELF</b>	<b>HIGHLAND COMM COLLEGE</b>

**PLEASE READ:** By signing below I understand and authorize the following: All correspondence after I receive my initial welcome letter will be through my HCC email account. This includes notification that my award letter is available to view through my ROAR account. If I prefer to receive a printed award letter from the Financial Aid Office I may request this in writing.

**WARNING**

Anyone intentionally or knowingly making a false statement or misrepresentation on this application or on the Free Application for Federal Student Aid may be subject to prosecution under provisions of the United States Criminal Code.

I hereby certify that the above listing of my household members and the indication of those enrolled in college at least half time from the period 7/1/18 to 6/30/19 is complete and accurate.

I hereby certify that all information on this form is complete and correct to the best of my knowledge. I recognize that I may be asked to verify any and all information contained herein or on the **FREE APPLICATION FOR FEDERAL STUDENT AID**.

_____ <b>Student's Signature</b>	_____ <b>Spouse's Signature Optional (if married)</b>	_____ <b>Parent's Signature (if dependent)</b>
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