HIGHLAND COMMUNITY COLLEGE
FINANCIAL AID DATA FORM
2020-2021

<u>PERSONAL INFORMATION</u>

Name: _____ Social Security Number_____

List any other surnames (last names) used previously: _____

Address: _____ Apt. #: _____

City: _____ State: _____ Zip: _____

*Home Phone: _____/_____ *Cell Phone: _____/_____
*This number may be used to notify you via text or auto call in cases of emergency, with account information, important
college calendar reminders, or college orientation information.

Date of Birth: _____/_____/_____ Male: ____ Female: ____

Circle your current status: <u>SINGLE</u>   <u>MARRIED</u>   <u>DIVORCED</u>   <u>SEPARATED</u>   <u>WIDOW(ED)</u>

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 $_____

<u>ACADEMIC INFORMATION</u>

Have you been an Illinois resident since before August 1, 2019? 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 <u>MUST</u> complete the <u>FREE APPLICATION FOR FEDERAL STUDENT AID</u> (FAFSA). You may also be required to submit to HCC Financial Aid office documents to support your application.

Household Size for the period 7/1/20 through 6/30/21

<u>INDEPENDENT </u>(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.

<u>DEPENDENT </u>(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.

NAME	**AGE**	**RELATIONSHIP TO YOU**	**EMPLOYER/SCHOOL**
		SELF	**HIGHLAND COMM COLLEGE**

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 7/1/20 to 6/30/21 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.

_____	_____	_____
Student's Signature	**Spouse's Signature**	**Parent's Signature**
	Optional (if married)	**(if dependent)**

HCC does not discriminate on the basis of race, color, national origin, gender or disability.