## SUPPLEMENTAL FINANCIAL AID APPLICATION

**PRIORITY DEADLINE:** This supplemental form must be received by the Financial Aid Office, and a Free Application for Federal Student Aid (FAFSA) or Renewal FAFSA must be riled with the Central Processor with San Bernardino Valley College listed as an institution, by May 25, 2002 to receive priority processing.

If any item is left incomplete on any financial aid application or form, the form will be returned to the student. **THIS WILL DELAY PROCESSING**.

Forms received after May 25, 2002 will be processed in the order in which they are received.

I.	Your name								
	Last				First	M.I.			
2.	Your address Number, stre	et and apa	rtment nun	her					
	City, State a	•							
3.	Social Security Number	-			_ 4. Other names used				
5.	During 02-03, what is your expected enrollment status each semester?				6. Would you like to be considered for work part-time on campus during the 02-03 school year?				
	<ul> <li>a. Full-time (12+ units)</li> <li>b. 3/4 time (9-11.5 units)</li> <li>c. Half-time (6-8.5 units)</li> <li>d. Less than 6 units</li> <li>e. Not enrolled</li> </ul>	FA 02 [ ] [ ] [ ] [ ] [ ]	SP 03 [ ] [ ] [ ] [ ] [ ]	SU 03 [ ] [ ] [ ] [ ] [ ]	[]yes	[ ] no			

7. Have you attended any college or school beyond high school? [] yes [] no If yes, list below all colleges or schools that you have attended. List most recent college first.

Name, city, and state of college	Period of att From (mo./yr)	tendance to (mo./yr)	Units Completed	Degree Received	Financial Aid Received? Yes/No

I certify that, as of the date I signed my Free Application for Federal Student Aid (FAFSA) or renewal FAFSA, all information provided is true and complete to the best of my knowledge. If I am asked, I agree to give proof that my information is correct. This proof might include a copy of the 2001 U.S. Income Tax Form filed by me or my parents. I understand that purposely giving false or misleading information on any application may be cause for denial. reduction. withdrawal. and/or repayment of any financial aid and may also lead to a \$10,000 fine, a prison sentence, or both. In addition, authorize San Bernardino Valley College to release enrollment and financial data to organizations or agencies to which I have applied for assistance. I authorize San Bernardino Valley College to deduct financial obligations owed to the College from any financial aid I receive.

Student's Signature: