

SUPPLEMENTAL FINANCIAL AID APPLICATION

2004-2005

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 filed with the Central Processor with San Bernardino Valley College listed as an institution, by May 21, 2004 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 21, 2004 will be processed in the order in which they are received.

1. Your name _____
Last First M.I.

2. Your address _____
Number, street and apartment number

City, State and zip code

3. Social Security Number _____ 4. Other names used _____

5. During 04-05, what is your expected enrollment status each semester?

6. Would you like to be considered for work part-time on campus during the 04-05 school year?

	FA 04	SP 05	SU 05
a. Full-time (12 + units)	[]	[]	[]
b. $\frac{3}{4}$ time (9-11.5 units)	[]	[]	[]
c. Half-time (6-8.5 units)	[]	[]	[]
d. Less than 6 units	[]	[]	[]
e. Not enrolled	[]	[]	[]

[] 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.

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 2003 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, I 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: _____ Date: _____