

SUPPLEMENTAL FINANCIAL AID APPLICATION

2005-2006

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 27, 2005 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 27, 2005 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

Please note: Is this the same address that is on record in the Admissions Office? If not, please be sure to notify the Admissions Office as that is the address used when we mail the Financial Aid Checks.

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

5. Please list below what school you will Attend each semester:

6. Would you like to be considered for work part-time on campus during the 05-06 school year?

Fall 05 Semester, I will attend _____ yes no
 Spring 06 Semester, I will attend _____
 Summer 06, I will attend _____

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 Attendance		Units Completed	Received Degree	Financial Aid Received? Yes/No
	From (mo/yr)	To (mo/yr)			

8. Education:

- I am a High School Graduate ()
- I have a G.E.D. ()
- High School Proficiency Exam ()
- Will Graduate June 2005 ()
- I am not a High School Graduate/I do not have a G.E.D. ()**

9. Write the names of all household members in the space(s) below. Also write in the name of the college for any household member, excluding your parents (s), who will be attending college, at least half-time between July 1, 2005 and June 30, 2006 and will be enrolled in a degree, diploma, or certificate program. If you need more space, attach a separate page.

READ THE INSTRUCTIONS ON THE BACK BEFORE COMPLETING					
First and last name of family member	Age	Relationship	Will attend college at least half-time in 2004-05 school year?	Name of college the person will attend in 2005-06 school year	Will person be employed between 7/1/05 and 6/30/06?
1		self	<input type="checkbox"/> YES <input type="checkbox"/> NO	San Bernardino Valley College	<input type="checkbox"/> YES <input type="checkbox"/> NO
2			<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO
3			<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO
4			<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO
5			<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO
6			<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO
7			<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO
8			<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> 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 2004 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: _____