

DO NOT FAX

**Student Data Form
2008-2009**

Form
FA-019
LSCC
Office of Financial Assistance

Print (black ink only) or Type

Student Name (Last, First, and Middle) _____

Address (number, street, and apt. or suite no.) _____

City, state and ZIP code _____

E-Mail Address: _____

I do not have a phone. You may contact: _____

Student ID Number											
				-							
Social Security Number											
				-				-			
Phone Number (Home)											
				-				-			
Phone Number (Work)											
				-				-			
Other Contact Phone Number											
				-				-			

I plan to attend the following terms: Fall (Aug-Dec 2008) Spring (Jan-May 2009) Summer (May-Aug 2009)

Have you previously applied for Federal financial aid at LSCC? Yes No

If yes, please list the year and type of financial aid received: _____

My anticipated graduation date from LSCC is _____ / _____ (month/year).

Housing status: Living with parents Away (living on your own)

PART I Previous Colleges, Universities or Vocational Technicals Schools (Mandatory)

If you have attended any colleges, universities or vocational technical schools other than Lake-Sumter Community College, please list them below.

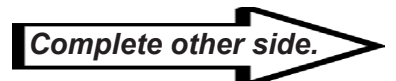
Name of School	City and State	Attended from-to (mm/yy-mm/yy)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PART II Dependent Care Expenses

Do you pay dependent care expenses while you are in school? Yes No

If you answered YES, please complete the section below. We may verify information.

Dependent's Name	Age	Name, Address and Phone # of Caretaker
1. _____	_____	_____
2. _____	_____	_____



PART III Authorization of Title IV Funds

At LSCC, Title IV funds consist of the Federal Pell grant (PELL), Academic Competitiveness Grant (ACG), Federal Supplemental Opportunity Grant (SEOG), Subsidized Federal Stafford Loan (STFD), Unsubsidized Federal Stafford Loan (UNSTFD), and Federal Parent Loan for Undergraduate Student (PLUS).

- Yes No I authorize LSCC to use Title IV funds to pay non-institutional charges (e.g. bookstore charges, parking fines, library fines, nursing exams, etc.)
- Yes No I authorize LSCC to use Title IV funds to pay prior term or year balances. [obligations from prior term or year(s)]
- Yes No I authorize LSCC to hold credit balance (money due to me) resulting from Title IV funds.

Return to Title IV. Federal regulations require repayment of a portion of funds received by students, unless certain conditions are met. A student who withdraws or stops attending all courses prior to completion of at least 60 percent of an enrollment period (i.e. a semester/term), WILL BE REQUIRED TO REPAY the “unearned portion” of the funds received. In addition, students who receive an “IF”, “F”, “WI”, “I” or “U” grade where attendance cannot be documented, will be required to repay the excess federal financial assistance that they receive. In the event your account is submitted to collections, you will be responsible for all additional collection costs, which is equal to approximately 30% of the total amount due Lake-Sumter Community College.

Furthermore, I have read and understand the Return of Title IV information as stated above.

Student’s Signature

Date

PART IV Statement of Educational Purpose

By signing below, I agree and will comply with the following:

Statement of Educational Purpose. I certify that I will use any Federal and/or State Financial Aid funds I receive during the award year covered by this application solely for expenses related to my attendance at Lake-Sumter Community College.

Certification Statement on Overpayments and Defaults. I understand that I may not receive any Federal Title IV, HEA funds if I owe an overpayment on any Title IV educational grant or loan or am in default on a loan unless I have made satisfactory arrangements to repay or otherwise resolve the overpayment or default. I also understand that I must notify my school if I do owe an overpayment or am in default.

PART V Statement of Registration

Note: In order to receive Title IV financial assistance, you must complete the following statements, and, if required, give proof of your Selective Service compliance.

- I certify that I am registered with Selective Service
- I certify that I am not required to register with Selective Service because:
 - I am a female.
 - I have not reached my 18th birthday.
 - I was born before 1960.
 - I am in the armed services on active duty (NOTE: does not apply to members of the Reserves and National Guard who are not on active duty. Active duty for training does not constitute “active duty” for registration purposes.)
 - I am a citizen of the Federated States of Micronesia, or the Republic of the Marshall Islands, or the Republic of Palau.

I certify that the information contained on this Student Data Form is correct to the best of my knowledge.

Student’s Signature

Date