

STUDENT DATA FORM

Name: _____ I.D./S.S. No. _____

Mailing Address: _____
(Street Address, P.O. Box, Rural Route, Etc.)

(City) (State) (Zip) (County)

Date of Birth: _____ Home Phone: _____

Cell Phone: _____ Work Phone: _____

Living Situation: With Parents Outside Parent's Household

Current Marital Status: Single Married Separated

Give Names and Ages of Children Age 5 and Below for Which You Pay Weekly Child Care Expenses: _____

List Any Colleges or Schools Attended Since High School (Include UACCM, if you have completed prior semesters here):

Institution City State

Institution City State

Institution City State

Institution City State

Degrees You are Currently Seeking (To be eligible for Federal Student Aid, you MUST be working toward a degree or certificate while enrolled at UACCM. Check the degree you are currently seeking.)

Certificate AAS Degree AA Degree AS Degree Certificate of Proficiency

Major or Plan of Study: _____

Terms you Plan to Attend This Academic Year: Fall Spring Summer

Are you Interested in Student Loans? Yes No

NOTE: Completing a FAFSA is NOT a loan application for UACCM. You must ask for a loan application in our office. We do NOT accept on-line applications.

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Financial Aid Office

1537 University Boulevard, Morrilton, AR 72110 | (501) 977-2055 | 1-800-264-1094 | www.uaccm.edu





STUDENT DATA FORM CONTINUED

If I am eligible to receive any Federal Title IV funds, I authorize UACCM to credit all those funds to my account to pay any institutional costs that I incur as a UACCM student. I authorize UACCM to apply my current year's funds to pay any charges from a previous term that remain on my student account. Yes No

STATEMENT OF EDUCATIONAL PURPOSE - I certify that I will use any Federal Title IV, HEA funds I receive during the award year covered by this application solely for expenses related to my attendance at the institution of higher education that determined or certified my eligibility for those funds.

CERTIFICATION STATEMENT ON OVERPAYMENT 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 I am in default on a Title IV educational 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.

Statement of Registration Status

- 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 am in the Armed Services on Active Duty
 - I Have Not Reached My 18th Birthday
 - I am a Resident of the Federated States of Micronesia, or a Permanent Resident of the Trust Territory of the Pacific Islands (Palau)

I understand that if I drop completely out of school or stop attending before completing the 60% period of each semester that I may have to repay a portion of my Pell Grant, SEOG Grant, or Student Loan.

Signature: _____ Date: _____
(Student)

Family Education Rights & Privacy Act (FERPA) *DO NOT LEAVE THIS SECTION BLANK*****

I give my permission to the UACCM Financial Aid staff to discuss my financial aid and student account records with the following people for the entire 2007-08 academic school year. This information would only be discussed in person after showing proper identification-NEVER over the telephone.

Name Relationship

Name Relationship

OR-DO NOT release my information to anyone other than me: _____
(Your Initials)

I have read the statement and understand them. All of the information provided by me on this form is true and complete to the best of my knowledge

Signature: _____ Date: _____
(Student)