



COLBY

COMMUNITY COLLEGE

Financial Aid Data Form 2020-2021

Name: _____ SS# _____
Last First Middle Initial Maiden

Permanent Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Can we text you? Yes / No
(Home) (Cell Phone)

Birth Date: _____ E-mail Address: _____

If you qualify, are you interested in Work Study YES NO

Have you previously attended CCC YES NO

Have you ever attended another institution? YES NO

If yes, list all institutions you have previously attended (Please attach additional sheet if needed)

An **OFFICIAL** copy from the institution of all academic transcripts including high school and any previous colleges where you attempted credits must be sent to CCC before your financial aid award can be determined.

**If you have attempted 93 or more credit hours, you will need to submit an appeal to determine financial aid eligibility. Please contact the financial aid office for an appeal form or for more information. **

Are you seeking a degree from CCC Yes No

** You are not eligible for financial aid if your answer is no. **

Program of Study _____

**Please make sure your program of study is correct in the Registrar's office. **

Are you concurrently attending another institution? Yes No

If yes, where: _____

Please circle EACH semester you plan to attend CCC:

FALL '2020

SPRING '2021

SUMMER '2021

Student: _____

Date: _____