



Financial Aid Data Form
2021-2022

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: _____

**To ensure your program of study is correct please contact Registrar's office. **

**Are you concurrently attending another institution? Yes No

If yes, where: _____

**Please circle EACH semester you plan to attend CCC:

FALL '2021

SPRING '2022

SUMMER '2022

Student Signature: _____

Date: _____