



444 Green Street, Gardner, MA 01440-1000
 Financial Aid Office (978)630-9169

ACADEMIC YEAR 2009-2010

This application must be completed by all applicants for financial aid including federal Student Loan applicants. If you have not done so already, you must complete the 2009-2010 Free Application for Federal Student Aid (FAFSA) which is available at www.fafsa.ed.gov.

MWCC Financial Aid Application

Section I – Personal Information

1. Student Name _____ Maiden (previous) Name _____
2. Social Security Number _____ MWCC Student ID _____
3. Date of Birth _____ 4. E-Mail address _____
5. Phone Number(s): Home _____ Work _____ Cell _____
6. Permanent Address _____ City _____ State _____ Zip _____
7. State of legal residence _____ Date you began living in that state: _____ / _____ / _____
Month Day Year
8. Parent's Address (required of all students) _____
9. Parent's state of legal residence _____ Date he/she began living in that state: _____ / _____ / _____
Month Day Year

Section 2 – Academic Information

10. Will you be living on the Fitchburg State College campus while attending MWCC (Institute Program): Yes No
11. Are you or will you be taking courses toward a Bachelor's Degree through the 3+1 program? Yes No
 If yes, please list the name of the College/University: _____
12. Do you receive Vocational Rehabilitation benefits for educational costs? Yes No
13. Do you receive VA Educational Benefits? Yes No If Yes, Chapter _____ Monthly Amount \$ _____
14. Expected Enrollment Status: (Your enrollment status will be verified once each semester begins, please estimate if necessary.)

Fall 2009

Spring 2010

Summer 2010

- | | | |
|--|--|--|
| <input type="checkbox"/> Full time (12 + credits) | <input type="checkbox"/> Full time (12 + credits) | <input type="checkbox"/> Full time (12 + credits) |
| <input type="checkbox"/> ¾ time (9-11 credits) | <input type="checkbox"/> ¾ time (9-11 credits) | <input type="checkbox"/> ¾ time (9-11 credits) |
| <input type="checkbox"/> ½ time (6-8 credits) | <input type="checkbox"/> ½ time (6-8 credits) | <input type="checkbox"/> ½ time (6-8 credits) |
| <input type="checkbox"/> less than ½ (1-5 credits) | <input type="checkbox"/> less than ½ (1-5 credits) | <input type="checkbox"/> less than ½ (1-5 credits) |
| <input type="checkbox"/> Will not attend Fall | <input type="checkbox"/> Will not attend Spring | <input type="checkbox"/> Will not attend Summer |

15. What is your major? _____
 (Please note that undeclared majors and nonmatriculated students are not eligible for financial aid.)
16. Do you intend to graduate from MWCC in December 2009? Yes No

Section 3 – Prior College Attendance

17. Have you attended any college, university, or postsecondary school beyond high school? Yes No
 If Yes, list all colleges or schools (whether or not you received Financial Aid). List most recent college first.

Name, City and State	Attended From (month/year)	To (month/year)	Degree Received

Section 4 – Other Resources

18. Please check any outside resources you expect to receive toward your 2009-2010 tuition and fees bill. Include all monies provided as a result of attending college. List amounts from July 1, 2009 – June 30, 2010.

Tuition Waiver (such as Adams Scholarship, Veterans, National Guard, senior citizen, Mass or Voc. Rehab., State Employee, etc.) Do NOT include the financial aid need-based waiver.
 Only one kind of tuition waiver can be received each semester.

List type: _____
****Important – Tuition waivers only apply to state supported classes*

Outside Scholarship(s) (*not federal or state financial aid*) *Please provide copies of scholarship award notifications, if available.

List name(s) and amount(s) _____ \$ _____
 _____ \$ _____
 _____ \$ _____

DET Contract \$ _____

Employer Reimbursement \$ _____ Employer Name: _____

Other (please list name and amount) _____ \$ _____
 _____ \$ _____

Section 5 – Certification/Signature

I declare under penalty of perjury that the information contained on this form and my Free Application for Federal Student Aid is true and correct.

I certify that I will use federal student financial aid only to pay the cost of attending an institution of higher education. I give permission to the college to deduct all tuition, fees, book charges, health insurance charges and prior balances over \$100 that I have incurred from the awards received.

► **Signature: (Student)** _____ **Date:** _____