APPLICATION FOR FINANCIAL ASSISTANCE
2014-2015

ID # A

Name (Last Name) ___________________________ (First Name) ___________________________ (MI) ___________________________

Phone Number ________________________ my.stlcc.edu email ___________________________________________________

Number of credit hours in which you plan to enroll at St. Louis Community College:

☐ Fall 2014 _______ credit hours  ☐ Spring 2015 _______ credit hours  ☐ Summer 2015 _______ credit hours

This information MUST be completed as accurately as possible. If you do NOT plan to attend one of these semesters, please write in “0.”

If you are currently attending another college, university, trade or technical school, please list the institution and dates attended below:

______________________________________________________________________ Dates Attended: ________________

______________________________________________________________________ Dates Attended: ________________

______________________________________________________________________ Dates Attended: ________________

Are you eligible for the A+ Program?  ☐ Yes  ☐ No

Please list the sources and amounts of any scholarships, grants or loans you will receive from EXTERNAL sources (this may include outside scholarships, employee waivers, etc.):

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<th>Type</th>
<th>Amount</th>
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If you will receive benefits through the VETERAN’S ADMINISTRATION for the 2014-2015 academic year, please indicate the type and amount below:

Montgomery GI Bill—Chapter 30 (Active Duty)  Amount per month ________  No. of months _______

Montgomery GI Bill—Chapter 1606 (Reservists)  Amount per month ________  No. of months _______

GI Bill for Dependent—Chapter 35  Amount per month ________  No. of months _______

Veteran’s Educational Assistance Program (VEAP)—Chapter 32  Amount per month ________  No. of months _______

Post-9/11 GI Bill  Amount per month ________  No. of months _______

Veteran’s Vocational Rehabilitation recipients, you MUST fill in the information requested below:

Tuition/Books/Supplies (estimate)  Fall 2014 ______________  Spring 2015 ______________

Subsistence Amount per month ________  No. of months ________

I certify that all of the information on this form is true and accurate to the best of my knowledge. If requested by the Financial Aid office, I agree to provide proof of any or all of the information I have given on this form.

Student Signature ____________________________________________________________  Date _______________________

— OFFICE USE ONLY —

Date Rec’d. ______________  By __________

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