APPLICATION FOR FINANCIAL ASSISTANCE
2016-2017

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 2016 _______ credit hours ☐ Spring 2017 _______ credit hours ☐ Summer 2017 _______ 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.”

Since June 30, 2016, if you have attended another college, university, trade or technical school, 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 2016-2017 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 2016 ____________ Spring 2017 ____________
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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