

ID # **A**

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 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 2017 \_\_\_\_\_ credit hours       Spring 2018 \_\_\_\_\_ credit hours       Summer 2018 \_\_\_\_\_ credit hoursThis 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, 2017, 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       NoPlease 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.):

<b>Type</b>	<b>Amount</b>
_____	_____
_____	_____

**If you will receive benefits through the VETERAN'S ADMINISTRATION for the 2017-2018 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 2017 \_\_\_\_\_      Spring 2018 \_\_\_\_\_

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 \_\_\_\_\_