

**Financial Aid Student Information**

**Award Year 19**

**Name­­­­­­­ ­­­­ SSN**

**Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_\_Zip\_\_\_\_\_\_\_\_\_\_**

**Phone Home (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthday\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Cell (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Program \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Dependency Status *-*** *Independent Dependent living with parents Dependent living away from parents*

**Funding Agency –** Please list any outside funding you expect to receive during the 2017-18 school year (i.e. Voc Rehabilitation, WIA, Lakes County, Tribal, Facility pay, VA, Scholarships) **(Mark NA if not applicable)**

Agency Name(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_

If I receive outside funding, I agree that Carthage Technology Center may send any necessary documents and test scores to paying agency.

**Student Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Education-** List **ALL** colleges or post-secondary schools you have attached. **(Mark NA if not applicable) On File**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Statement of Educational Purpose/Certification Statement of Refunds and Default**

I certify that I do not owe a refund on any grant or loan, am not in ***default*** on any loan, and have not borrowed in excess of the loan limits, under Title IV programs, at any institution. ***WARNING- If you purposely give false or misleading information, you may by subject to a fine up to $10,000, imprisonment for up to five (5) years, or both. I will use all Title IV money received only for expenses related to my study at FTC.***

I certify that, as of the date I sign this statement, all information I have given to the Financial Office at Carthage Technology Center is true and correct to the best of my knowledge. ***Please Note- To receive any Title IV financial aid, information relating to your family financial situation, number in the family, number in school, and/or dependency status must be current information.***

**Student Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Drug-Free Workplace Statement of Understanding**

**It is the policy of Carthage Technology Center to maintain a drug-free workplace for all employees and student.** This will be done in conformity with the Drug Free Workplace Act of 1988, as amended in 1989, with passage of Public Law 101-226. Therefore, the manufacture, distribution, dispensation, possession or use of controlled substances is unlawful and prohibited at any of the Carthage Technology Center locations. Employees and students who are convicted of violating any criminal drug statute must notify the Director at their location within five (5) days of conviction. **I understand and agree to abide by this statement. I certify that I am and will continue to be drug-free while enrolled at Carthage Technology Center.**

**Student Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**