

NATIONAL PARK COMMUNITY COLLEGE

STUDENT DATA FORM

NAME _____
Last First Middle Maiden/Other

ADDRESS _____
Street / Box City State Zip Code

Home Telephone # _____ Work # _____ Message # _____

AGE _____ Birthdate _____ SOCIAL SECURITY# _____

MARRIED _____ SEPARATED _____ DIVORCED _____ SINGLE _____

List below the name and address/phone number of local contact person **(Required)**

This school year will you be living With Parents/Guardian _____ Not With Parents/Guardian _____

Have you ever attended NPCC? Yes _____ No _____

Dates attended From: _____ To: _____

Other Name (s) under which you attended _____

Did you receive Financial Aid? Yes _____ No _____

List all other colleges or postsecondary institutions you have attended (Transcripts Are Required)

School Name City & State Dates Attended

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For financial aid purposes, all hours attempted at all regionally accredited institutions previously attended count whether or not aid was received. Maximum number of hours allowed to receive financial aid will be determined by the degree/ certificate a student declares in the Application for Admission form and as specified in the Satisfactory Academic Progress policy.

What Semester/Year do you expect to receive your degree/certificate from NPCC?

Semester _____ **Year** _____ ?

PLEASE COMPLETE AND SIGN THE BACK OF THIS FORM

Do you have a High School Diploma or GED? YES _____ NO _____

Are you currently enrolled in High School? YES _____ NO _____

Current High School student, will you graduate before you begin classes here? YES _____ NO _____

Indicate the semesters/ years you plan to attend NPCC

_____ Fall Semester (August - December) Year _____
_____ Spring Semester (January - May) Year _____
_____ Summer I (June) Year _____
_____ Summer II (July) Year _____

Residency Status:

_____ Garland County Resident (6 months or longer)
_____ Out of County Resident
_____ Out of State Resident

If there is anyone you wish to have access to your information, list below:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

I give the college permission to charge tuition, fees, and/or books to the aid program for which I am eligible (Pell Grant, Stafford Loan, scholarship, etc). I give consent for information about my financial aid to be released to appropriate agencies (Dept of Human Services, Rehabilitation Services, Employment Office, and Scholarship donors, etc).

Signature of Applicant

Date Signed