

Gavilan College
Financial Aid Office
5055 Santa Teresa Blvd
Gilroy, CA 95020

Name of Financial Aid Applicant:

Last _____ First _____
GAV ID #: G _____ OR

SSN: _____

EMAIL: _____@_____

Directions: Answer every question. Please do not leave any blanks to ensure timely processing.

BUDGET INFORMATION

Do you live with your parents? ___Yes ___No

How much rent/mortgage do **YOU** pay monthly (Just your share) \$ _____

ADDITIONAL COSTS

Will you be on a Campus Abroad Program next Summer 2009?.....Yes No
Are you accepted in the Nursing Program?.....Yes No
Are you accepted in the Aviation Program?..... Yes No
Are you accepted in the Cosmetology Program?.....Yes No
Do you pay for childcare from your own income?.....Yes** No

**How much will you pay in childcare, from your own income, during the school year? \$ _____

**List the names and ages of your children for whom you pay childcare: _____

HIGH SCHOOL HISTORY

Did you attend high school either in the United States **OR** in another country? ___No ___Yes

(a) Name of high school: _____ City/State/Country: _____

(b) Did you graduate from high school? (Or will you graduate by June 2008?) ___No ___Yes

(c) What year did you graduate from high school? _____

(d) If you graduated in 2006 or later: Did you pass the California High School Exit Exam? ___No ___Yes

If you did **NOT** graduate from high school, but have one of the following, **please provide our office with documentation:**

(a) Did you earn a General Education Diploma (GED) from the Office of Education? ___No ___Yes Year: _____

(b) Did you receive a State Proficiency Certificate? ___No ___Yes Year: _____

(c) Have you taken and passed the Ability to Benefit Assessment for financial aid? ___No ___Yes Year: _____

College where ATB was taken and passed: _____

COLLEGE HISTORY

Did you **EVER** attend any college, trade school, or university in the United States **OR** another country after high school?

___No ___Yes – Please list all schools attended below. If no units earned, put 0 (zero).

NAME OF COLLEGE/SCHOOL/UNIVERSITY

YEAR(S) ATTENDED
From Mo/Yr To Mo/Yr

HOW MANY UNITS EARNED?
S=Semester, Q=quarter

Did you receive a degree, diploma, certificate or complete a program from any of the colleges, schools, or universities listed above?

___No ___Yes – Please list below.

List the degrees, diplomas, certificates or graduation recognition you received: _____

Last Name

First Name

G#/SSN

SPECIAL CLASSIFICATIONS

Are you/were you in foster care? _____ No _____ Yes – Please list your age: _____
Are you planning on becoming a teacher? _____ No _____ Yes – You may be eligible for a TEACH Grant.
Ask us for details on TEACH Grant if you will be pursuing a teaching major upon transfer.

EDUCATIONAL GOALS

If you have already completed the Admissions Application for Gavilan College, we will review the educational goal you have stated on our system. For 08-09 * New Certificates of Achievement less than 16 units are too short for federal aid eligibility.

UNUSUAL CIRCUMSTANCES

If you (or your parent) have lost a job, or have reduced work hours, or experienced the death of a parent recently, you may qualify for additional funds under Professional Judgment. Go to <http://www.gavilan.edu/finaid/forms/index.html> to complete "Student or Parent Request for Professional Judgment" form(s). **You are required to submit documentation of changes.**

FINANCIAL AID POLICIES

Satisfactory Academic Progress Policy (SAP Policy): The Financial Aid Office is required to measure your academic progress of financial aid applicants and recipients. Detailed information on the SAP Policy can be found at www.gavilan.edu/finaid.

Withdrawing from All Classes: If you receive federal aid (grants, loans) and withdraw from all of your classes (or stop attending), you may be required to repay funds. If you receive federal aid and withdraw from all of your classes, or stop attending classes **before** the following dates, you may owe a repayment:

Fall 2008: 11/08/2008

Spring 2009: 04/04/2009

Summer 2009: 07/10/2009

If you withdraw from all of your classes or stopping attending classes, you are required to notify the Financial Aid Office so that we may calculate your earned and unearned (repayment) portion of financial aid.

Frozen Enrollment of Pell Payments for Late Start Courses: In accordance with federal regulation, enrollment for grant payment purposes will be 'FROZEN' on Tues. **11/11/2008** for Fall 2008 semester; Mon. **04/06/2009** for Spring 2009 semester, and Thurs. **07/09/2009** for Summer Session. Any courses or additional units added after these dates will not receive payment. Be sure all courses are OFFICIALLY added before the FREEZING DATE each semester to ensure payment. Verify your official enrollment on "Gavilan Self-Service Banner." Courses added after the frozen enrollment date are not eligible for payment.

DEBTS OWED TO COLLEGE

I hereby authorize Gavilan College to deduct from my 2008 – 2009 financial aid checks any outstanding debts owed to the college. This includes holding credit balances of financial aid to pay for specific charges that appear on my account. These charges may include current academic year tuition and fees or non-institutional charges (e.g.-library fines, ASB Book Loans). I am also authorizing Gavilan College permission to pay prior year balances, up to the allowable limit, that may remain on my account. I further understand that any balance that remains, after the above charges have been paid, will be released to me.

I understand that if I do not authorize deductions, my financial aid checks may be held until my outstanding debts are paid.

Student Signature

Date

By signing this form, I have read and understand this document. I certify that the information which I have provided on this form is true, complete and accurate, to the best of my knowledge. I hereby authorize the release of academic records as may be required to determine my eligibility.

Student Signature

Date