

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

Name of Financial Aid Applicant:

DSR-09
09/10
S or ___

**2009 – 2010 DATA SHEET
for continuing or returning
financial aid applicants**

Last First
G00 _____ (_____) _____ - _____
Gavilan ID Phone where you can best be reached
EMAIL: _____@_____

Directions: Complete this Data Sheet if it appears as a requirement on Gavilan Self-Service Banner (GavSSB). This Data Sheet is required of returning or continuing students who have previously had their high school history confirmed by Financial Aid. Please answer every question. Please do not leave any blanks to ensure timely processing.

2009 – 10 INFORMATION

Do you live with your parents? ___Yes ___No

1. For Fall 2009, Spring 2010, and Summer 2010 will you be taking classes at another college?
___Yes: List colleges: _____ **You can receive Financial Aid from only one school at a time.**
___No

COLLEGE HISTORY

List the college degrees and/or certificates you have received: _____

FINANCIAL AID POLICIES

Please read each and initial. Your initial indicates you have read and understand the following:

Initial:

_____ **I understand additional requirements may be posted on my GavSSB account after Financial Aid has reviewed my documents.** For example, if I am a returning student, I understand my academic status may be updated to “disqualified” if I have not met the conditions of the SAP Policy as of my last semester at Gavilan College.

_____ **I can find updated information on my financial aid status and awards by reviewing my GavSSB account.** If I need instructions on GavSSB, they are available on the Financial Aid website: www.gavilan.edu/finaid.

_____ **I understand if my FAFSA is selected for verification,** Financial Aid will need to verify income and household size. If corrections to my FAFSA are necessary, I understand awarding will be delayed until the processed correction to my FAFSA is received.

_____ **I understand if I am not a high school graduate,** I will be required to demonstrate the ability to benefit from a higher education. This may include: passing the ATB Assessment (or CELSA Assessment) or successfully completing at least 6 degree applicable units. If you believe you have completed 6 degree applicable units, please request an ATB Certification from Financial Aid. The ATB Certifications are evaluated by Gavilan counselors. Otherwise, schedule an appointment for the next ATB or CELSA assessment.

_____ **Satisfactory Academic Progress Policy (SAP Policy):** The Financial Aid Office is required to measure the 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 60% mark in the term, you may owe a repayment. **If you withdraw from all of your classes or stop attending classes, you are required to notify the Financial Aid Office in order to calculate your earned and unearned (repayment) portion of financial aid.**

_____ **Educational Goal:** Financial Aid will review the educational goal you have stated on our system. You may be asked to report your Educational Goal to Financial Aid if the goal you have chosen does not qualify you for Financial Aid.

_____ **Certificates of Achievement:** For 09-10 *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 “Income Change” form(s). **You are required to submit documentation of changes.**

Last Name

First Name

G00 _____
Gavilan ID

DEBTS OWED TO COLLEGE

I hereby authorize Gavilan College to deduct from my 2009 – 2010 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). 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