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

Name of Financial Aid Applicant:

Last name
First name

GAV ID #: G_________________________ OR

SSN: ____________________________

EMAIL: __________________________@_______________

DIRECTIONS:
In order to receive federal student aid, you are required to be majoring in an eligible program offered at Gavilan College. Please note that if you are pursing a certificate, federal aid cannot be paid for Certificates of Achievement that are less than 16 units.

PART I: Check one sentence ONLY which best describes your educational goal.

_____ Obtain an AA / AS degree AND transfer to four – year college/university. (#02)
_____ Transfer to four – year college/university WITHOUT obtaining an AA / AS degree (#03)
_____ Obtain an AA or AS degree WITHOUT transfer (#04)
_____ Earn vocational certification WITHOUT transfer (#06)
_____ Personal interest, not for employment (#01)
_____ Career interest, plans, goals (#07)
_____ Job skills for new career (#08)
_____ Enhance present job skills (#09)
_____ Maintain licensure (#10)
_____ Improve basic skills in English, Reading, Math but not pursuing an AA / AS degree or certificate. (#11)
_____ Credit for high school diploma (#12)
_____ Move from noncredit to credit coursework (#14)
_____ Undecided on goal (#13)

PART 2: Student Acknowledgement
I understand it is my responsibility to inform Gavilan College of address changes. I will confirm my address on Banner Self – Service and if it is incorrect, I understand I may change my address via:

- Banner Self – Service OR
- Submitting an “Authorization for Change of Student Records” to Admissions & Records

Please initial here:___________

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.

________________________________  ___________________________
Student Signature      Date