



2017-2018 Student Data Form

All financial aid applicants at Great Falls College MSU must complete this form. Answer questions to the best of your knowledge; please do not leave any questions blank.

Some students may be required to provide additional information; check [Banner Web-My Info](#) for a list of your requirements.

Student Information

Name: _____ Student ID: _____

Address: _____

Email Address: _____ Phone: _____

Legal Residence: Montana Military Other state: _____ Non-resident student taking only online classes: Yes No

Enrollment Status:

(Please indicate how many credits you plan on taking each semester)

Fall Term 2017

- 12 or more credits
- 9-11 credits
- 6-8 credits
- 1-5 credits
- 0 credits

Spring Term 2018

- 12 or more credits
- 9-11 credits
- 6-8 credits
- 1-5 credits
- 0 credits

Summer 2018

- Yes
 - No
- Half time will be assumed for students who indicate "yes" for summer.

Yes No Have you earned BACHELOR'S degree? Year Bachelor's Degree Earned: _____

Yes No Between July 1, 2017 and June 30, 2018 will anyone in your household receive BAH/BAS or be provided free housing as a result of military employment?

Educational Resources

List all expected resources, other than Federal financial aid, available to meet expenses during the term(s) financial aid is desired. If the exact amount is unknown, but you know that the agency will be covering tuition, fees and books, simply write in "TFB". **Note:** All students must complete this section with the best estimates possible. Married students should NOT include a spouse's resources.

Resource Description

Military Tuition Assistance Yes No estimated amount per semester \$ _____

Vocational Rehabilitation Benefits Yes No estimated amount per semester \$ _____

JTPA; WIOA or Project Challenge Yes No estimated amount per semester \$ _____

Bureau of Indian Affairs Grant Yes No estimated amount per semester \$ _____

Did you receive an American Indian Tuition Waiver at Great Falls College in prior years? Yes No *(If you answered "No" and are an American Indian or enrolled in a tribe, contact the Financial Aid Office about eligibility)*

Other Benefits (Source: _____) Yes No estimated amount per semester \$ _____

Scholarships (list names and amounts of scholarships) _____

Other Post-Secondary Attendance

Yes No Have you attended or do you plan to attend any another post-secondary institution **between July 1, 2017 and June 30, 2018?** If yes, list below.

| Institution | City, State | Dates of Attendance |
|-------------|-------------|---------------------|
| | | |

Certification and Signatures

I hereby certify that all the information reported is complete and correct.

WARNING: If you purposely give false or misleading information you may be fined, be sentenced to jail, or both.

Student's Signature: _____ Date: _____