STUDENT INFORMATION SHEET
2016-2017

Name: ___________________________ LBCC ID#: ___________________________

Last, First M.I.

Current Address: ___________________________ Home Phone #: ___________________________

Street City, State Zip Code

E-mail address: ___________________________ Cell Phone #: ___________________________

1. When was the last time you applied for financial aid at LBCC? Semester ________ Year ______ Never □

2. You must meet one of the following qualifications in order to be eligible for financial aid.
   Choose only ONE: Which of the following applies to you? (Documentation may be required)
   □ High School Graduate □ Earned General Education Development (GED) certificate
   □ Completed home-school program □ Passed California High School Proficiency Exam (not CAHSEE)
   □ ATB or passed 6 units at LBCC □ Passed the Ability to Benefit test at ________________ College.
   □ Haven’t graduated yet but will graduate (including passing CAHSEE) on ________________.
   □ None of the Above

3. Everyone must provide an answer, regardless of status:
   MOTHER (Check here if mother is deceased □) FATHER (Check here if father is deceased □)
   Name: ___________________________ Name: ___________________________
   Address: ___________________________ Address: ___________________________
   City, State, Zip: ___________________________ City, State, Zip: ___________________________

4. During the 2016-2017 academic year, you will be living: □ With your parents □ Away from your parents

5. Will you attend or have you attended another college for: (DO NOT LIST LBCC)
   Summer 2016? Yes □ No □ Name of college ___________________________
   Fall 2016? Yes □ No □ Name of college ___________________________
   Spring 2017? Yes □ No □ Name of college ___________________________

Please Note: It is against federal regulations for any student to receive federal financial aid at more than one college or university at the same time. Students with a bachelor’s degree are not eligible for grants.

A. Certification and Signature

By signing this form, I agree to let Long Beach City College use any financial aid that I am eligible for at the time of registration to offset any fees (College Services Card, Parking, Health and Materials Fees) that are due and payable at the time of registration. However, I understand that should I become ineligible for financial aid for any reason, the fees that were offset by financial aid will become a debt to the college that I must pay. If I do not want my financial aid to be used to offset the College Services Card, I understand that I must fill out a Surrender of Benefits form at the Cashier’s Office.

I certify that all of the information provided on this form is true and complete to the best of my knowledge. Warning: If you purposely give false or misleading information, you may be fined up to $20,000, sent to prison, or both.

__________________________________________  _______________________________________
Student’s Signature                               Date

For more information about the financial aid programs at LBCC, visit our web site at: http://fina.lbcc.edu.