



DAWSON COMMUNITY COLLEGE

FINANCIAL AID OFFICE

300 College Dr., Glendive, MT 59330

406-377-9410 fax 406-377-8132

2023-24 STUDENT DATA FORM

In order to process your financial aid, you must complete this form in its entirety. Please be sure to sign your form before returning it to the financial aid office at the address listed above.

STUDENT INFORMATION

Student Name: _____ DCC Student ID# D16 _____

Physical Address: _____ City: _____ State: _____ Zip: _____

Telephone Number: _____

Enrollment Status:

Fall/Spring 2023-2024

Summer 2024

Please indicate how many credits 12 or more credits 9-11 credits 6-8 credits 1-5 credits

Yes, email Financial Aid when registered
 No

I would like to be awarded: Loan Workstudy Both Neither (assumed if question unanswered)

Student's place of residence at school for the 2023-24 Academic Year (AY): With Parents/Guardian/Relative On/Off Campus

Will you be taking courses on-line/distance only? No Yes

Degree Program: Associate Certificate

Will you have earned a Bachelor's degree as of July 1, 2022? No Yes **Will you have earned an Associate degree in one semester?** No Yes

EDUCATIONAL RESOURCES

Will you be receiving any other funding to help pay for your educational expenses? Note: All students should complete this section with the best estimate possible. Married students should not include spouse's resources. (Attach another page if more space is needed.)

| | | | |
|--|--|-------------------------------|----------|
| Military Tuition Assistance | <input type="checkbox"/> YES <input type="checkbox"/> NO | estimated amount per semester | \$ _____ |
| Vocational Rehabilitation Benefits | <input type="checkbox"/> YES <input type="checkbox"/> NO | estimated amount per semester | \$ _____ |
| JTPA, WIA or Other 3 rd Party Payer | <input type="checkbox"/> YES <input type="checkbox"/> NO | estimated amount per semester | \$ _____ |
| Bureau of Indian Affairs Grant | <input type="checkbox"/> YES <input type="checkbox"/> NO | estimated amount per semester | \$ _____ |
| Other Assistance/Outside Agency | <input type="checkbox"/> YES <input type="checkbox"/> NO | estimated amount per semester | \$ _____ |
| Scholarships (list name and amount): _____ | | | |

OTHER POST SECONDARY ATTENDANCE

Have you ever **attended** or do you plan to attend any other post-secondary institution **between July 1, 2023 to June 30, 2024?** YES NO

Will you have a consortium agreement with another institution during 2023-24 academic year? YES NO

If yes, complete below. Please be aware that you CANNOT receive financial aid from two school during the same term.

| Institution | City, State | Dates Attended | Types of Aid Received |
|-------------|-------------|----------------|-----------------------|
| | | | |

SIGNATURE AND CERTIFICATION

I understand that any financial aid that is accepted will be credited to my student account to pay institutional charges.

By signing this form, I certify that all the information reported on my Free Application for Federal Student Aid (FAFSA) and this Student Data Form is complete and accurate to the best of my knowledge. I understand that if I have purposely given false or misleading information on these documents, I could be fined and/or sent to jail.

Student signature: _____ Date: _____