



DAWSON COMMUNITY COLLEGE

FINANCIAL AID OFFICE

300 College Dr., Glendive, MT 59330

406-377-9444 fax 406-377-8132

## 2025-2026 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 2025-2026

Summer 2026

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 2025-2026 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, 2024? ☐ 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 <sup>rd</sup> 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, 2025 to June 30, 2026**? ☐ YES ☐ NO

Will you have a consortium agreement with another institution during 2025-2026 academic year? ☐ YES ☐ NO

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

<i>Institution</i>	<i>City, State</i>	<i>Dates Attended</i>	<i>Types of Aid Received</i>

### 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: \_\_\_\_\_