

# 2007-2008 SCTC Financial Aid Application



## Student Information

\_\_\_\_\_  
Name (last, first, middle initial)

\_\_\_\_\_  
Social Security Number or Tech ID #

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
E-mail Address

## Educational History and Verification of Residency

1. If you graduated from high school, please provide the name and address (city and state) of your high school and the year in which you received your diploma:

\_\_\_\_\_

2. If you graduated from high school, please provide the address at which you resided when you received your diploma:

\_\_\_\_\_

3. If you did not graduate from high school, did you earn your G.E.D.?  Yes  No If yes, in which state? \_\_\_\_\_

4. Please provide the address at which your parents resided when you completed your Free Application for Federal Student Aid (FAFSA):

\_\_\_\_\_

5. State Law requires that you submit an **academic transcript** from **every** institution you attended after high school. If you have previously attended St. Cloud Technical College (SCTC) and have submitted all your transcripts, just list the institutions below. Do NOT include college courses taken during high school. If you withdrew from college during a term because you were called up for active military service after December 31, 2002, please make note of this below and provide the necessary documentation to the financial aid office.

Have you ever attended a postsecondary institution other than SCTC?  Yes  No

School: \_\_\_\_\_ Dates Attended: \_\_\_\_\_

School: \_\_\_\_\_ Dates Attended: \_\_\_\_\_

School: \_\_\_\_\_ Dates Attended: \_\_\_\_\_

6. Will your last term of attendance at SCTC occur during this academic year?  Yes  No

If yes, which will be your last term of attendance?  Fall  Spring  Summer

7. Please list all the states (or countries) in which you have resided, your dates of residence and your reason for residing (e.g. college, employment, military service, place of birth, etc.) in each state. (Please contact the financial aid office if any of the following reasons for residing in Minnesota apply to you or your spouse: active federal military service in MN, relocation to MN from presidential disaster area within 12 months of disaster declaration, immediate relocation to Minnesota as a refugee from another country.)

Name of State: \_\_\_\_\_ Dates of Residence: \_\_\_\_\_

Reason for Residing in State: \_\_\_\_\_

Name of State: \_\_\_\_\_ Dates of Residence: \_\_\_\_\_

Reason for Residing in State: \_\_\_\_\_

Name of State: \_\_\_\_\_ Dates of Residence: \_\_\_\_\_

Reason for Residing in State: \_\_\_\_\_

## Information Release

If you want the St. Cloud Technical staff to be able to discuss your information with a third party (spouse, parents, etc.), you'll need to complete the section below; otherwise, skip to the signature section of this form.

I hereby consent to the release of my records, to the extent defined below, by the St. Cloud Technical College:

**Records to be released:** (✓ below)

- Financial Aid
- All college charges as they appear on my term record for the academic year
- All payment information, including Financial Aid, applied to my term bill
- Academic Records, Transcripts, Grades, Probation/ Suspension
- Assessment test results
- Other \_\_\_\_\_  
(must specify: i.e. medical, etc.)

**Reasons for such release:** (✓ below)

- Personal
- Job related
- Funding related (scholarship organizations, etc.)

**Parties to whom such records may be released:**

\_\_\_\_\_  
Full name(s)

\_\_\_\_\_  
Relationship/Organization

\_\_\_\_\_  
Full name(s)

\_\_\_\_\_  
Relationship/Organization

I understand that the student records information lists above includes information which is classified as private on me under Minn. Stat. §13.32 and the Federal Family Education Rights and Privacy Act. I understand that by signing this Authorization for the release of Student Information Form, I am authorizing the St. Cloud Technical College to release to the persons named above and their representative's information which would otherwise be private and not accessible to them. I understand that without my informed consent, the St. Cloud Technical College could not release the information described above because it is classified as private.

I understand that when my education records are released to the persons named above and their representatives, the St. Cloud Technical College has no control over the use the persons named above or their representatives make of the records which are released.

I understand that, at my request, the St. Cloud Technical College must provide me with a copy of any educational records it releases to the persons named above pursuant to this consent. I understand that I am not legally obligated to provide this information and that I may revoke this consent at any time. This consent expires upon completion of the above stated purpose or after one year, whichever comes first. However, if the above-stated purpose is not fulfilled after one year, I may renew this consent. A photocopy of this authorization may be used in the same manner and with the same effect as the original documents.

## Signature

To the best of my knowledge, the information included in this document is true and complete. I agree to notify the Financial Aid Office of any changes in my family's situation, such as change of address, change of program, employment, marriage, or change of benefits. I also agree to notify the Financial Aid Office immediately of any financial assistance such as scholarships, tuition waivers, military benefits, stipends, etc. I authorize the school to credit my Federal/State financial aid to my student account for charges in addition to tuition and fees.

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Social Security Number or Tech ID #

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**Please complete, sign and return this form, along with all requested documentation to:**

St. Cloud Technical College Financial Aid Office 1540 Northway Drive St Cloud, MN 56303