



SUPPL

Student Services Center
 235 North National Avenue
 PO Box 1940
 Fond du Lac, WI 54936-1940
 920-924-3207
 1-800-472-4554
 financialaid@morainepark.edu
 Fax (920) 924-3421

2016-2017 Financial Aid Supplemental Form

Fill out Completely and Return to the Student Services Center

1. Name _____ Date of Birth _____
Last First Middle (Prior Name)

Mailing Address _____
Street City State Zip Code

Student ID Number **N** _____ Preferred Phone _____

2. Indicate 2016-2017 program at Moraine Park **and** anticipated graduation date.
 (You **must** be accepted into an aid-eligible program in order to receive financial aid.)

Program _____ Anticipated Graduation Date _____

3. _____ Yes _____ No I have a bachelor's degree. If yes, date completed _____

4. Associate of applied science degree or technical diploma program enrollment. **If this changes, you must notify our office.** If none selected, your financial aid will be processed assuming 12 credits of enrollment each semester.

The courses you are enrolled in must be needed for graduation (part of your curriculum) from your aid-eligible program to count toward financial aid eligibility.

My first semester will be summer _____

Semester 1 (August 2016) Select one	Semester 2 (January 2017) Select one
<input type="checkbox"/> 12 or more credits (full time)	<input type="checkbox"/> 12 or more credits (full time)
<input type="checkbox"/> 9-11 credits (3/4 time)	<input type="checkbox"/> 9-11 credits (3/4 time)
<input type="checkbox"/> 6-8 credits (half time)	<input type="checkbox"/> 6-8 credits (half time)
<input type="checkbox"/> 1-5 credits (less than half time)	<input type="checkbox"/> 1-5 credits (less than half time)
<input type="checkbox"/> Not attending	<input type="checkbox"/> Not attending

5. Please indicate below if you will receive any of the following for 2016-2017 school year. (If yes, please indicate amount.)

<input checked="" type="checkbox"/>	Benefit	Amount/Year	<input checked="" type="checkbox"/>	Benefit	Amount/Year
<input type="checkbox"/>	Job Center, WIA, WAA		<input type="checkbox"/>	Employer-Paid Tuition	
<input type="checkbox"/>	Workforce Development		<input type="checkbox"/>	State Veteran's Assistance	
<input type="checkbox"/>	TAA, TRA		<input type="checkbox"/>	Scholarships (please indicate name) _____	
<input type="checkbox"/>	DVR-WI Division of Vocational Rehabilitation		<input type="checkbox"/>	Other _____	

6. CERTIFICATION STATEMENT BELOW MUST BE PRINTED AND SIGNED OR FORM WILL BE RETURNED.

I certify that all the information I have provided on this application and all supplementary forms is true, correct and complete and, if granted assistance, I will use it only for educational purposes as approved by Financial Aid for the period covered by this application at Moraine Park and only at that institution. I further authorize Financial Aid, or its representatives, to obtain such additional information concerning my education program and financial record as the above-named office may need to complete the processing of this application. It is also my understanding that Financial Aid may, as it deems appropriate, release information concerning the amount of any award I may receive to agencies considering me for financial assistance.

IMPORTANT: ALL courses previously taken at Moraine Park Technical College will be included in Satisfactory Progress evaluations.

I authorize Moraine Park to credit federal student aid funds for paying tuition, fees, books and minor prior-year charges on my student account, and I understand I am responsible for any charges to my student account. I authorize Moraine Park to communicate with me electronically.

Signature of Applicant _____ Date _____

WARNING! This form is used in establishing eligibility for federal and state student aid funds. You should know that intentional false statements or misrepresentations may subject the applicant to a fine or imprisonment, or to both. Intentional false statements or misrepresentations may also eliminate you from any future consideration for any assistance.