



# 2019-2020 Financial Aid Information Form

Name \_\_\_\_\_ Social Security # xxx - x x - \_\_\_\_\_  
 Last First Middle Initial  
 MCC Student ID# \_\_\_\_\_

Address \_\_\_\_\_  
 PO Box/Street City State Zip Code

Cell Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Home Phone (if applicable) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ !

Can we text you?  Yes  No !

Email address \_\_\_\_\_ !

While attending MCC, I will live:  with parents  off campus  in student housing !

I am taking classes at MCC for the purpose of earning a degree or diploma:  Yes  No ! **Note: Non-degree/diploma seeking students are not eligible for federal aid.**

Is this your first term of enrollment at MCC?  Yes\*\*  No \*\*If Yes, complete an Admissions Application

Indicate your status:  H.S. Graduate - year graduated \_\_\_\_\_  GED/HSED - date completed \_\_\_\_\_

I will be enrolled for (check all that apply):  Fall (August 2019)  Spring (January 2020)  Summer (May - July 2020)

Student Status (check one):  Fulltime (12 + credits)  3/4-time (9-11 credits)  1/2-time (6-8 credits)  Less 1/2-time (3-5 credits)  
*(Your financial aid award will be calculated based on the enrollment level that you indicate on this form unless you are enrolled at the time of awarding at a different level).*

**I understand that financial aid is subject to change based on my enrollment level at time of disbursement. \_\_\_\_\_ INITIAL**

I will be taking my classes at (check all that apply):  MCC Campus  Grinnell Campus  Online

Major (course of study) \_\_\_\_\_ Code \_\_\_\_\_

Have you earned a Bachelor's (4-year) Degree?  Yes  No

Have you attended any other college between July 1, 2019 and June 30, 2020?  Yes  No

If yes, name of college attended: \_\_\_\_\_

**I authorize MCC to apply my financial aid to tuition and fees, books and supplies, room and board charges, library fines, or other charges incurred at MCC. Any remaining financial aid funds in excess of the amount owed to MCC will be disbursed to me provided I have maintained eligibility at the time of cash disbursement.**

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Return completed form to MCC Financial Aid Office, 3700 South Center Street, Marshalltown, IA 50158 !**