

Please complete and submit to the Office of Student Financial Assistance at your respective campus (City Park, Charity, West Bank, Slidell, Covington).

SECTION 1 (Identifying Information)

Name _____ ID# _____

Permanent Address _____

Phone # _____ City _____ State _____ Zip _____
 Birth Date _____

Have you ever received Financial Aid at Delgado? Yes No
 If yes, please indicate most recent semester. Fall _____ Spring _____ Summer _____

Previous names under which financial aid was awarded _____

Campus at which this aid was received City Park Charity West Bank Slidell Covington

SECTION 2 (Classification)

Beginning Freshman Returning Student Continuing Student Transfer Student
 College Major _____ Degree _____ Certificate _____
 In what month and year do you expect to graduate from Delgado? Month _____ Year _____

SECTION 3 (Transfer Data)

Please list every College, University or Post-Secondary school you have attended or plan to attend this current award year (7/1/2009 – 6/30/2010). (Include all schools beyond High School.)

School	City & State	Dates of Attendance	Degree Received? (Date)	Received Aid?
_____	_____	_____	<input type="checkbox"/> Yes _____ <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes _____ <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes _____ <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Will you be attending another institution during this academic year? Yes No

SECTION 4 (High School Information)

Did you graduate from High School? Yes; I received a high school diploma No; If no, do you have a GED? Yes No

SECTION 5 (Other Resources)

Please list every resource you are currently receiving or expect to receive during this academic year. (7/1/2009 to 6/30/2010)
(Indicate total dollars for the year.)

LISTING THESE RESOURCES ON THIS SHEET DOES NOT MEAN YOU ARE APPLYING FOR THEM:
 \$ _____ Merit and State Scholarships \$ _____ Out-of-State Waiver \$ _____ Employer/ Dependent Fee Waiver
 \$ _____ Athletic Scholarships \$ _____ National Guard Fee Waiver \$ _____ Vocational Rehabilitation
 \$ _____ Other Fee Waiver \$ _____ Veteran's Benefits: Type(s) _____
 \$ _____ Other (List) _____

SECTION 6 (Dependent Care)

If you have dependents that rely on you for more than 50% of their support, list them below.

NAME	RELATIONSHIP	AGE	SPOUSE
_____	_____	_____	Name: _____
_____	_____	_____	SS#: _____

If you pay for child care in order to attend school for any of the above listed dependents, please indicate the amount per month \$ _____.
 Please be prepared to furnish a birth certificate or proof of live birth for each dependent, and receipts from an established child care agency.

SECTION 7 (Work Study)

Would you like to be considered for the Federal College Work Study program or Federal Community Service Work Study? Yes No

SECTION 8 (Living Arrangements)

Where will you live from July 1, 2009 – June 30, 2010?

With parents With other relatives Not with parents or other relatives

SECTION 9 (Loan Information)

1. Do you want to apply for a student loan? Yes (continue with #2) No (go to section 10)
(Please note: you must be enrolled at least half-time at the time the loan is disbursed)

2. Indicate the type(s) of loan(s) you are requesting:

- Federal Stafford Loan
 - If I am not eligible for the maximum in the Federal Stafford Loan, please process an Unsubsidized Federal Stafford Loan for me.
 - Unsubsidized Federal Stafford Loan
- I am requesting that the lender add the interest, which accrues during the in-school and deferment periods to my loan principal (capitalization).
- I prefer to have the interest capitalized
 - I prefer to pay the interest

3a. Are you borrowing at Delgado for the first time?

- Yes, (Indicate a lender in #4 and complete remainder of form) Please note: you must complete a Loan Default Prevention Session (entrance interview) prior to receiving your student loan.
- No, go to #3b

3b. Would you like to borrow from the same lender?

- Yes, (Go to Section 10 and complete remainder of form)

Note: If your previous lender was either Capitol One (829030), College Loan (833733), Student Funding Group 834312, or Citibank (826878) you must select a new lender.

- No, (Indicate a new lender in #4 and complete remainder of form)

4. Delgado Community College does not recommend or endorse any particular FFEL lenders.

Therefore, you can visit our website at www.dcc.edu under Financial Aid, for a comprehensive neutral list of lenders that have made loans to our students/ and or parents in the last 3 years. Once you have selected a lender, please enter their information below.
(Note: If you are interested in a lender whose name does not appear on the comprehensive list, please provide the lender's name and code below.)
You must choose a lender. A lender will not be selected for you. If you fail to select a lender, your application will be delayed.

Lender Name: _____

Lender Code: _____

Note: First time loan borrowers will receive a school certified Master Promissory Note (MPN) in the mail at your permanent home address. YOU MUST SIGN AND FORWARD THE MASTER PROMISSORY NOTE TO THE LENDER IMMEDIATELY. In addition, you must conduct a loan entrance counseling at www.mappingyourfuture.org before aid can be disbursed.

SECTION 10 (Certification)

Federal Title IV funds (Federal Pell, SEOG, FFEL) are automatically applied to student accounts first to cover tuition and fees. Any remaining funds may then be applied to other educational institution charges such as books, lab fees, etc. ONLY with your authorization

“I authorize Delgado to apply any remaining Title IV funds I may receive to other educational institutional charges.” Yes No

“I authorize Delgado to use Title IV funds intended for the current award year to pay previous balance that is less than or equal to \$200.” Yes No

This authorization is valid for the 2009-2010 academic year and may be rescinded at any time.

Student's Signature

Date

I understand I must meet the satisfactory academic progress requirements for Delgado Community College in order to be eligible for and retain federal financial aid.

I certify that the above information is true and correct to the best of my knowledge. If this form has been completed with intent to receive federal financial aid on the basis of false or incomplete information, I understand that I am subject to denial of aid and possible federal prosecution.

Student's Signature

Date

