

2008-2009

FINANCIAL AID SUPPLEMENTAL INFORMATION FORM

NAME _____ MALE FEMALE

SSN or STUDENT ID# _____ PREVIOUS NAME: _____

STREET ADDRESS: _____

CITY/STATE/ZIP: _____ PHONE _____ Alternate phone#: _____

CLEARLY PRINT YOUR EMAIL ADDRESS if you would like us to email you with general financial aid information/announcements or correspondences : _____

DID YOU RECEIVE A HIGH SCHOOL DIPLOMA or G.E.D.? NO YES YEAR: _____

Did you pass the California High School Exit Exam (answer if you graduated in 2006 or after) NO YES

Are/Will you be/Were you enrolled at any other college between June 1, 2008 - May 30, 2009? NO YES

IF YES, NAME OF COLLEGE ATTENDED: _____ WHICH TERM(S) ATTENDED: SUMMER 2008 FALL 2008 SPRING 2009

Do you have a prior Bachelor's Degree from a college or university in the U.S. or from any other country? NO YES

CURRENT EDUCATIONAL GOAL: Check the statement which best describes your current reason for attending Las Positas College

AA/AS/CERTIFICATE I want to complete a Certificate Program I want to complete an A.A. or A.S Degree

TRANSFER I plan to complete transfer requirements & transfer to a four-year college for a Bachelor's Degree.

NO ACADEMIC PROGRAM I want to improve my skills in English (ESL classes) but I'm not really pursuing a degree or certificate I want to brush up on some skills or take some classes for my own personal growth but I'm not really pursuing a degree or certificate.

Expected date of completion of program at Las Positas: August December May Year 20_____

DO YOU INTEND TO RECEIVE CREDIT AT LAS POSITAS FOR COURSES TAKEN AT OTHER COLLEGES? NO YES

If 'YES', LIST ALL PREVIOUS COLLEGES FOR WHICH YOU INTEND TO RECEIVE CREDIT FROM LPC. Official transcripts must be forwarded to LPC immediately; you must meet with a counselor for an educational plan.

Table with 3 columns: Name of previous college, City/State, Have you requested Official transcript?

I hereby authorize Chabot/Las Positas Community College District to deduct from my 2008-2009 Financial Aid checks any outstanding debts owed to the college or district. I understand that if I do not authorize deductions, my financial aid checks may be held until my outstanding debts are paid.

Student's Signature _____

Date _____

I certify that all the information which I have provided on this form is true, complete, and accurate, to the best of my knowledge. I hereby authorize the release of academic records as may be required to determine my eligibility

Student's Signature _____

Date _____

California Information Privacy Act

The officials responsible for maintaining the information contained on this form are the financial aid administrators at the institutions to which you are applying for financial aid. The SSN is used to verify your identity under the record keeping systems established prior to January 1, 1975, pursuant to the authority of the Chancellor's Office and the California Community Colleges contained in Title 5, California Administrative Code Section 41201. The Chancellor's Office and the California community colleges, in compliance with federal and state laws, do not discriminate on the basis of race, religion, color, national origin, gender, age, disability, medical condition, sexual orientation, domestic partnership or any other legally protected basis. Inquiries regarding these policies may be directed to the financial aid office of the college to which you are applying.

State and federal laws protect an individual's right to privacy regarding information pertaining to oneself. The California Information Practices Act of 1977 requires the following information be provided to financial aid applicants who are asked to supply information about themselves. The principal purpose for requesting information on this form is to determine your eligibility for financial aid. The Chancellor's Office policy and the policy of the community college to which you are applying for aid authorize maintenance of this information. Failure to provide such information will delay and may even prevent your receipt of financial assistance. This form's information may be transmitted to other state agencies and the federal government if required by law. Individuals have the right of access to records established from information furnished on this form as it pertains to them.