

# 2009-2010 FINANCIAL AID DATA FORM

SOUTHWESTERN INDIAN POLYTECHNIC INSTITUTE FINANCIAL AID OFFICE

PO BOX 10146 ALBUQUERQUE, NM 87184

505-346-2361/2344 PHONE 505-346-2369 FAX

**Email Address (REQUIRED):** \_\_\_\_\_

*All students applying for financial aid are required to have a valid email address upon enrollment. We will send all financial aid information to your email address. It is your responsibility to check your email regularly.*

**I have attached a copy of final High School transcript to this form (REQUIRED)**

SS#: \_\_\_\_\_ Name: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Local Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_\_) \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ SIPI ID: \_\_\_\_\_

I plan to be:	I plan to attend:	While attending, I will:	Current class status:
<input type="checkbox"/> Full-time (12+ hours) <input type="checkbox"/> ¾ time (9-11 hours) <input type="checkbox"/> ½ time (6-8 hours) <input type="checkbox"/> Less than ½ time (1-5 hours)	<input type="checkbox"/> Academic Year (fall, spring, summer) <input type="checkbox"/> Fall 2009 ONLY <input type="checkbox"/> Spring 2010 ONLY <input type="checkbox"/> Summer 2010 ONLY	<input type="checkbox"/> Reside with parents <input type="checkbox"/> Live on campus <input type="checkbox"/> Reside off campus-not with parents	<input type="checkbox"/> New Freshman <input type="checkbox"/> Continuing Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Transfer

College Major: \_\_\_\_\_ Anticipated Graduation Date: \_\_\_\_ / \_\_\_\_

Do you currently hold a Bachelor's Degree? \_\_\_\_\_ Yes \_\_\_\_\_ No

List all colleges/universities and the dates attended prior to SIPI:

\_\_\_\_\_

*Send an academic transcript to our office from each listed school, even if you did not apply for aid there. No financial aid can be awarded until ALL transcripts are received and evaluated. Please complete a transfer evaluation form with your academic advisor, drop off a copy at the financial aid office, and submit to the Registrar's Office.*

Are you currently enrolled at another institution? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you receiving financial aid at this institution? \_\_\_\_\_ Yes \_\_\_\_\_ No

Will you be receiving any outside scholarships/grants? \_\_\_\_\_ Yes \_\_\_\_\_ No

If so, list the amount and source of all outside scholarships/grants you may be receiving:

\_\_\_\_\_

I certify that the information given is complete and accurate to the best of my knowledge. I understand that failure to provide complete and accurate information may be the basis for rejection of the application or loss of financial aid or scholarships.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date