



# Dual Credit

## 2019-20 Application for Financial Aid

### Section I: Student Information

Name

Street address

City

State

Zip

Home Phone

Cell

Email address

Date of Birth (MM/DD/YYYY)

College Student ID #

High School

High School City

Expected Graduation

Grade Level Beginning in August 2019

Sophomore

Junior

Senior

### Section II: Household Information

Please list the names of ALL family members, including your parent(s), who will be supported by your parent(s) from July 1, 2019 to June 30, 2020 (attach additional sheets if necessary)

*\*If you do not live with your biological, step or adoptive parents, please see your high school counselor for additional instructions.*

Names [Include parent(s) and sibling(s)]	Age	Relationship to Student	Which college/university will students be attending? (if applicable)
		Self	
<b>Total number in household</b>		<b>Total number in college in 2019-20</b>	

Print full name here: \_\_\_\_\_

### Section III: Additional Information

**Parent:**

1. Did your parents work in 2017:  
 If yes, did they file an income tax return for 2017?  
 Yes (**Attach complete 2017 tax return-must be signed**)  
 No  
 Will file

2. What is your parent's marital status?  
 Married/Remarried       Widowed  
 Never Married       Separated/Divorced  
 Unmarried and both parents living together

3. Mother's highest level of education completed  
 Middle school/Jr. High       High School  
 College or beyond       Unknown/Other

4. Father's highest level of education completed  
 Middle school/Jr. High       High School  
 College or beyond       Unknown/Other

5. Enter your mother's age   
 Date of Birth

6. Enter your father's age   
 Date of Birth

### Section IV: Income and Assets

Complete both Student and Parent(s) columns. Do not leave blanks. Enter "0" where appropriate.

	Student	Parent(s)	
<b>Part A. Annual Untaxed Income</b>			
1. Child support received	\$	\$	
2. Tax exempt interest income	\$	\$	
3. Housing, food, and other living allowances someone else paid on your behalf	\$	\$	
4. Other untaxed income not reported, such as worker's compensation, disability, SSI, etc.	\$	\$	
5. Money you received (or bills someone else paid for you) not reported elsewhere on this form	\$	\$	
6. Cash earnings (wages not listed on taxes or W-2 forms)	\$	Mother	Father
		\$	\$
<b>Total Untaxed Income</b> (add lines 1-6)	\$	\$	
<b>Part B. Additional Financial Information</b>			
7. Child support paid	\$	\$	
8. Taxable earning from college work-study or other college need-based work programs	\$	\$	
9. Taxable scholarships and grants reported on 2017 income tax return	\$	\$	
<b>Part C. Assets</b>			
10. As of today, balance of cash, savings, and checking accounts	\$	\$	
11. As of today, investment net worth (do not include the home you live in or the balance of retirement plans)	\$	\$	
12. As of today, net worth of current business(es) or investment farms(s)	\$	\$	

Print full name here: \_\_\_\_\_

**Part D. Federal Assistance Programs**

13. At any time during 2018 or 2019, did anyone in your household receive benefits from any of the federal programs listed? **Mark all that apply (leave blank if not applicable).**

- |   |                              |  |   |
|---|------------------------------|--|---|
| <input type="checkbox"/> Medicaid or Supplemental Security Income (SSI) | <input type="checkbox"/> WIC | <input type="checkbox"/> Free or Reduced Price Lunch | <input type="checkbox"/> Temporary Assistance for Needy Families (TANF) |
| <input type="checkbox"/> SNAP   |                              |  |   |

**Section V: Total Family Income**

Was your TOTAL FAMILY INCOME **less than \$7,000 in 2017**?

(TOTAL FAMILY INCOME is the income reported on your parent's and your W-2 IRS tax forms plus the Total Untaxed Income reported on Section IV, Part A of this form for you and your parent(s))

- Yes    No

**If YES**, please include a breakdown of your living expenses (e.g., rent, food, utilities, etc.) and provide a written summary that explains how you were able to pay for your living expenses in 2017. Attach additional sheet(s) if necessary.

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**Section VI: Statement of Selective Service Registration Status**

**Certification of registration status (Please check the appropriate box.)**

- I certify that I am a female and, therefore, not required to register with the Selective Service System
- I certify that I am a male age 18 to 25 and am registered with the Selective Service System
- PLEASE ATTACH COPY OF REGISTRATION ACKNOWLEDGEMENT**
- I certify that I am not of an age required to register with the Selective Service System. (That is, I am over 25.)
- I certify that I have been determined by the Selective Service System to be exempt from registration.
- I certify that I have not reached my 18th birthday and understand that I will be required by law to register at that time.
- I certify that I do not have a Social Security Number, but have submitted my Selective Service registration form to the Selective Service System and will provide proof of registration to Northeast as soon as I receive my registration number.

Print full name here: \_\_\_\_\_

**Section VII: Eligibility Statement**

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**Statement of Student Eligibility**

Have you ever been convicted of a felony or an offense under Chapter 481, Health and Safety Code (Texas Controlled Substances Act), or under the law of another jurisdiction involving a controlled substance as defined by Chapter 481, Health and Safety Code?

\_\_\_\_\_ **Yes\*** \_\_\_\_\_ **No\*\***

\* If your answer is yes, contact the financial aid office to determine your eligibility to receive this grant.

\*\* If your answer is no, it is your responsibility to inform the financial aid office if this status changes at any time while attending the institution.

I hereby certify that the information I have provided in this statement is true and correct. I understand that if I fail to provide accurate information, I may be required to reimburse the institution and penalties may be imposed. I also understand that it is my responsibility to inform the financial aid office if my status concerning this statement of eligibility changes at any time while attending this institution.

**Section VIII: Signatures**

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**Student and Parent signatures**

I understand that under Texas Education Code, Section 51.9095, I must be registered with the Selective Service System according to the requirements of federal law in order to receive student financial aid funds from the State of Texas, and hereby certify that I meet this requirement. I also certify that I will use student financial aid to pay only the cost of attending an institution of higher education, and that the information provided on this form is true, complete, and correct to the best of my knowledge. I understand that any false statements may void my eligibility for financial aid. I also certify that the information provided on this form will be used only for evaluation of eligibility for financial aid and that I may need to provide additional information for my school to determine eligibility for financial aid.

Student Signature

Date

Parent Signature

Date

**To ensure processing prior to the payment due date for fall 2019 classes, complete application and all required supporting documentation must be received by Northeast Texas Community College by May 24, 2019.**