

Please Print and Use Ink – LEAVING ANY LINE ON THIS FORM BLANK COULD RESULT IN A DELAY OBTAINING FINANCIAL AID.

STUDENT DATA FORM 2014-2035

STUDENT INFORMATION

Student Name: _____ SSN/Banner I.D.#: _____
 Address: _____ Telephone Number: _____
 City: _____ State: _____ Zip Code: _____ Your Date of Birth: ____/____/____

I am seeking a degree at: **MSU Northern** ___ **Havre** ___ **Great Falls campus**
 ___ **Lewistown Campus**

Enrollment Status:	Fall Term 2014	Spring Term 2015	Will you attend Summer 2015?
(Please indicate how many credits you plan on taking each semester)	12 or more credits 9-11 credits 6-8 credits 1-5 credits 0 credits	12 or more credits 9-11 credits 6-8 credits 1-5 credits 0 credits	Yes No Half time will be assumed for all students for summer. You may change this after you register for Summer classes in April 2013.

Legal Residence: **Montana** **Military** **WUE** **Other state:** _____
Will you have earned a BACHELOR'S degree as of July 1, 2012? **Yes** **No**

RESOURCES

Expected resources, other than Federal financial aid, available to meet expenses during the term(s) financial aid is desired. If you do not know the exact amount, but know that the agency will be covering tuition, fees and books, simply write in "TFB". **Note:** All students must complete this section with the best estimates possible. Married students should **NOT** include a spouse's resources.

Resource Description	Fall 2014	Spring 2015"	Summer 2015
Vocational Rehabilitation Benefits	\$ _____	\$ _____	\$ _____
Job Training Partnership Act (JTPA) or Project Challenge	\$ _____	\$ _____	\$ _____
Military Tuition Assistance	\$ _____	\$ _____	\$ _____
Scholarships (Source : _____)	\$ _____	\$ _____	\$ _____
Other Benefits (Source: _____)	\$ _____	\$ _____	\$ _____
Bureau of Indian Affairs Grant (Office: _____)	\$ _____	\$ _____	\$ _____

Did you receive a Native American Fee Waiver during 2013-14? **Yes** **No**

If you answered no and you are Native American, you may contact the Office of Financial aid for more information.

OTHER POST-SECONDARY ATTENDANCE

Have you attended or do you plan to attend any other post-secondary institution **between July 1, 2014 and June 30, 2015?** **Yes** **No**
 If yes, list the institution name, city and state below. If no, write NONE below.

INSTITUTION	CITY, STATE	DATES OF ATTENDANCE

Have you ever attended MSU-Northern before? **YES** **NO** If so, when? _____

AUTHORIZATION

By signing this form, I certify that all the information reported to qualify for Federal and State student aid is complete and correct.
WARNING: If you purposely give false or misleading information on this form, you may be fined, be sent to jail, or both.

Student's Signature _____ Date _____

Return this form to: **Financial Aid Office; MSU-Northern; PO Box 7751; Havre, MT 59501**