

STUDENT DATA FORM 2024-2025

STUDENT INFORMATION

Student Name: _____ SSN/Banner I.D.# (Last Four Only): _____

Address: _____ Telephone Number: _____

City: _____ State: _____ Zip Code: _____ Your Date of Birth: ____/____/____

Enrollment Status:

	Fall Term 2024	Spring Term 2025	*If you will be attending Summer semester 2025 please contact the Financial Aid Office.
(Please indicate how many credits you plan on taking each semester)	<input type="checkbox"/> 12 or more credits	<input type="checkbox"/> 12 or more credits	
	<input type="checkbox"/> 9-11 credits	<input type="checkbox"/> 9-11 credits	
	<input type="checkbox"/> 6-8 credits	<input type="checkbox"/> 6-8 credits	
	<input type="checkbox"/> 1-5 credits	<input type="checkbox"/> 1-5 credits	
	<input type="checkbox"/> 0 credits	<input type="checkbox"/> 0 credits	

Living Arrangements: On Campus Off Campus With Parent

Legal Residence: Montana Military WUE Other state: _____

Will you have earned a BACHELOR'S degree as of July 1, 2024? Yes No

Are you interested in being considered for Work Study? Yes No Don't know

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 2024	Spring 2025	Summer 2025
Vocational Rehabilitation Benefits	\$	\$	\$
Job Training Partnership Act (JTPA) or Project Challenge	\$	\$	\$
Scholarships (Source: _____)	\$	\$	\$
Other Benefits (Source: _____)	\$	\$	\$
Bureau of Indian Affairs Grant (Office: _____)	\$	\$	\$

If you are Native American and think you may qualify for the Native American Tuition Waiver, please contact the Financial Aid Office.

OTHER POST-SECONDARY ATTENDANCE

Have you attended or do you plan to attend any other post-secondary institution **between July 1, 2024 and June 30, 2025?** 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

MSU Northern Financial Aid Office

PO Box 7751 ~ Havre, MT 59501

Tel: (406) 265-3787 Fax: 406-265-3519

Email: finaid@msun.edu

MSU Northern does not discriminate on the basis of race, color, national origin, sex, or disability.