

Victor Valley College Financial Aid Office
Institutional Application
2007 / 2008

PRINT CLEARLY (Incomplete applications will cause a delay in processing)

Last Name:		First Name:	M.I.
Other Names Used:		Social Security #	
Home Phone No: ()		Work Phone No: ()	
Date of Birth:	Number of <u>family</u> members in your household (include yourself) # _____		
With whom will you be living during the 07-08 school year? <input type="checkbox"/> Parent <input type="checkbox"/> Spouse <input type="checkbox"/> Self <input type="checkbox"/> Other			
To be eligible for aid, you must possess a high school diploma, GED, or qualifying assessment scores.			
Do you have a high school diploma or GED? <input type="checkbox"/> Yes _____ Year Received <input type="checkbox"/> No			
IF NO will you be attending high school in 07-08? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you have a Degree? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> AA/AS <input type="checkbox"/> BA/BS			
List all other colleges/institutions attended: (do not include VVC)			Total units completed:
Will you be enrolled at any other institution (other than VVC) for Fall 2007 or Spring 2008?			
<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, where: _____ <input type="checkbox"/> Fall <input type="checkbox"/> Spring			
Have you previously received financial aid at VVC? <input type="checkbox"/> No <input type="checkbox"/> Yes Year: _____			

I certify that all of the information reported to qualify for Federal and State Aid is true and correct:
By signing below, I authorize any outstanding debt existing or incurred at Victor Valley College to be repaid out of any financial aid funds awarded to me:

Signature

Date

Complete side 2 >>>>>>>

Office Use Only

Assessment Scores:	Reading:	Sentence:	Arithmetic:	(if no High School Diploma or GED)
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**Victor Valley College Financial Aid Office
Disbursement Statement
2007 / 2008**

The procedure for the current school year requires that we have on file the statement below and obtain a copy of your current driver's license or D.M.V. photo ID in order to issue grant checks.

I UNDERSTAND THAT IF I CHANGE MY ADDRESS, I MUST NOTIFY THE ADMISSIONS AND RECORDS OFFICE IN WRITING IMMEDIATELY TO AVOID ANY DELAY IN MY DISBURSEMENT. _____ Please initial to acknowledge that you have read this statement

Name (**please print**) Student I.D. or SSN #

Mailing Address (complete) Apt. #

City State Zip

Email Address: _____

When did you begin living in California? _____
Month/Year

Signature

Date