

2008 - 2009 FINANCIAL AID DATA FORM (July 1, 2008 to June 30, 2009)

DINÉ COLLEGE - Financial Aid & Scholarships Office

Tsaile Campus: PO Box 97, Tsaile, Arizona 86556-0097 (928) 724-6731/6738/6739

Shiprock Campus: PO Box 580, Shiprock, New Mexico 87420-0580 (505) 368-3511/3513

Term Applying for: _____ Fall 2008 _____ Spring 2009 _____ Summer 2009
_____ New Student _____ Returning _____ Transfer

Campus you will be attending:

- Chinle Ganado Shiprock Tuba City
 Crownpoint Kayenta Tsaile Window Rock

_____ **CARS ID #**

INSTRUCTIONS: To complete this form, please print clearly using a ball point pen. Diné College requires that all student complete the 2008-2009 FAFSA, to be considered for Pell Grant, other Federal, State and Tribal grants/Scholarships.

Section 1 - Personal Data

Last Name _____ First Name _____ Middle Initial _____ Maiden Name _____ Social Security Number _____

Mailing Address (PO Box, Street Address, etc) _____ City _____ State _____ Zip Code _____

Current Home Telephone Number _____ Work Telephone Number _____ E-mail Address: _____

Date of Birth _____ Male Married Single, Widowed, Divorce
 Female Separated

If Native American, name of Tribal Agency you are enrolled with:

Roll/Census No. _____ Tribal Agency: _____

Chapter Affiliation: _____

Section 2 - Academic Information

High School Diploma or GED? _____ High School: _____ Month/Year: _____

Type of Degree you are currently seeking: _____ Major: _____
 Certificate (AS) Associate of Science
 (AA) Associate of Arts (AAS) Associate of Applied Science

Type of Degree(s) Received / Earned?
 None Certificate Associate's Bachelor's Master's Ph.D.

RETURNING STUDENTS: Have you ever received Financial Aid at Diné College? Yes No

Which semester and year did you last attend Diné College? _____

Name of Last College Attended _____ Attendance Dates (Month & Year) _____ Did you receive Financial Aid?
YES or NO

Name of Last College Attended _____ Attendance Dates (Month & Year) _____ Did you receive Financial Aid?
YES or NO

Section 3 - Family Information (all applicants must complete this section)

Parents OR _____ Name _____ Telephone Number _____

Guardian: _____ Address _____

Occupation: _____ Employer: _____

Student's Spouse: _____ Name _____ Telephone Number _____

Address _____

Student's # of Dependents: _____ Ages: _____

Please read, sign, and date. By signing this form, I, certify, that all information provided is accurate and I have not purposely given false or misleading information. I certify that I will use all Title IV, Tribal, State funds received only for expenses related to my studies at Diné College.

Student's Signature: _____
(REQUIRED)

Date: _____