

# 2009-2010 FINANCIAL AID DATA FORM (July 1, 2009 to June 30, 2010)

DINÉ COLLEGE - Financial Aid & Scholarships Office

[www.dinecollege.edu](http://www.dinecollege.edu)

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

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

Campus you will be attending:

- |                                    |                                      |
|------------------------------------|--------------------------------------|
| <input type="checkbox"/> Chinle    | <input type="checkbox"/> Crownpoint  |
| <input type="checkbox"/> Ganado    | <input type="checkbox"/> Kayenta     |
| <input type="checkbox"/> Shiprock  | <input type="checkbox"/> Tsaile      |
| <input type="checkbox"/> Tuba City | <input type="checkbox"/> Window Rock |

Please check Terms Applying For:

- |                                      |                                      |                                      |
|--------------------------------------|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Fall 2009   | <input type="checkbox"/> Spring 2010 | <input type="checkbox"/> Summer 2010 |
| <input type="checkbox"/> New Student | <input type="checkbox"/> Returning   | <input type="checkbox"/> Transfer    |

\_\_\_\_\_  
Student ID #

**INSTRUCTIONS:** To complete this form, please print clearly using a ball point pen. Diné College requires that all students complete the 2009-2010 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		Cell Phone Number		Email Address		
Date of Birth	<input type="checkbox"/> Male	<input type="checkbox"/> Married	<input type="checkbox"/> Single, Widowed, Divorce			
	<input type="checkbox"/> Female	<input type="checkbox"/> Separated				

## Section 2 - Academic Information

High School Diploma or GED? _____	Date: _____	High School: _____			
Type of Degree you are currently seeking:	Proposed Major: _____				
<input type="checkbox"/> Certificate	<input type="checkbox"/> (AS) Associate of Science				
<input type="checkbox"/> (AA) Associate of Arts	<input type="checkbox"/> (AAS) Associate of Applied Science				
<input type="checkbox"/> (BA) Bachelor of Arts in Elementary Education Program					
Type of Degree(s) Received and/or Earned?					
<input type="checkbox"/> None	<input type="checkbox"/> Certificate	<input type="checkbox"/> Associate's	<input type="checkbox"/> Bachelor's	<input type="checkbox"/> Master's	<input type="checkbox"/> Ph.D.
RETURNING STUDENTS:	Have you ever received Financial Aid at Diné College? Yes <input type="checkbox"/> No <input type="checkbox"/>				
	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)

Student's # of Child(ren): \_\_\_\_\_ Ages: \_\_\_\_\_

## Section 4 - Background Information

- |   |  |
|---|--|
| <input type="checkbox"/> N <input type="checkbox"/> Y | Are you a first generation student (the first person in your immediate family to pursue a college degree)? |
| <input type="checkbox"/> N <input type="checkbox"/> Y | Were you employed less than 20 hour per week in 2008 (excluding work study)?                               |
| <input type="checkbox"/> N <input type="checkbox"/> Y | Were you employed 20 or more hours/week in 2008 (excluding work study)?                                    |

*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 Dine College.*

Student's Signature: \_\_\_\_\_  
(REQUIRED)

Date: \_\_\_\_\_