

Location taking classes
(check all appropriate)

- Presque Isle
- Van Buren
- Ashland
- Houlton
- Fort Kent
- Caribou
- St. John Valley

Northern Maine Community College Confidential Financial Aid Application 2017-2018



**Financial Aid Office
33 Edgemont Drive
Presque Isle, ME 04769**

NAME _____

SOCIAL SECURITY NUMBER _____

Street or PO Box _____

City _____ State _____ Zip _____

Phone Number (____) _____

Date of Birth _____

E-mail Address _____

Legal Address (if different from mailing address)

Street _____

City _____ State _____ Zip _____

When do you expect to start school? Fall 2017 Spring 2018

Have you applied for a program of study? _____ Which Program? _____

Will you attend: full time (12 credits or over) ¾ time (9-11 credits) ½ time (6-8 credits) less than ½ time? (fewer than 6 credits)

- | | | |
|--|------------------------------|-----------------------------|
| (1) Were you born before January 1, 1994? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Do you have a bachelor's degree? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (3) As of today, are you married? (Answer yes if you are separated, but not divorced) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (4) When you were age 13 or older, were both your parents deceased, were you in foster care or were you a dependent/ward of the court? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (5) Are you a veteran of the U.S. Armed Forces? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (6) Do you have children whose primary residence is in your household? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

*If you answered "no" to all of the above questions, you are **dependent** for financial aid purposes, answer the questions on the remaining pages as they apply to **you and your parents**.*

*If you answered "yes" to any of the above questions, you are **independent** for financial aid purposes, answer the questions on the remaining pages as they apply to **you and your spouse**.*

Date FAFSA submitted on the web at www.fafsa.ed.gov _____

Did you/your parents sign FAFSA with a FSA ID? **Yes** _____ **No** _____

When completing the FAFSA instead of entering the students and parents tax information manually, click on "**LINK TO IRS.**" The tax information will automatically be entered from the Internal Revenue Service database onto the FAFSA.

We can no longer accept a copy of your tax return. Instead you must submit a copy of your IRS Federal Tax Transcript upon request.

In order for financial aid to be awarded, all requested documents must be received.

To be eligible for the additional state grant, your FAFSA must be received by the Department of Education by May 1, 2017.

STUDENT STATUS

Are you: Single Married Divorced Separated Widowed

Date you were married, separated, divorced or widowed: _____

Number of children living with you during 2017-2018: _____

List all members in your household during the academic year (August 2017 through May 2018).

If considered dependent from page one include parents and siblings, regardless if you are no longer living with parents.

	NAME	AGE	RELATIONSHIP	SCHOOL	GRADE (if any)	(OCCUPATION)
1.	_____	_____	SELF	NMCC	_____	_____
2.	_____	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____	_____
7.	_____	_____	_____	_____	_____	_____
8.	_____	_____	_____	_____	_____	_____

Did you or your spouse file income taxes for 2015? _____

Did your parents file income taxes for 2015? _____

Are you employed? _____ Occupation _____ Employer _____

Is your spouse employed? _____ Occupation _____ Employer _____

Amount of child support **PAID** in 2015? _____

Amount of child support **RECEIVED** in 2015? _____

<p>Financial Aid Office will need Supporting Documents (such as the NMCC Child Support Verification form) for this amount to be listed on the FAFSA.</p> <p style="text-align: center;">Or</p> <p>A State document with amount of child support paid or received</p>

For Academic Year 2017-2018 I will live: On campus With parents Off Campus Apt/Home

Have you or your family received any help listed below for the 2015 year? Please give the amount per month received.

Per month for year 2015

TANF _____

Soc. Sec. /SSI _____

Voc Rehab _____

*Food Stamps _____

Per month for year 2015

Veterans (non taxed) _____

Vet. Disability _____

Disability Pension _____

Workers' Comp _____

*The Financial Aid office will need a document from the State verifying that you are receiving food stamps

Did you receive combat pay in 2015? Yes No Taxed Amount _____
Untaxed Amount _____

Will you be receiving Veterans Dependent Tuition waiver: Yes No

Do you anticipate receiving educational financial assistance from any other source? Yes No

If YES, please list source: _____
(i.e. TAA, TRA, WIA, Voc Rehab, Employer, Job Corps)

List any college attended in the past year:

1. _____
College Name City, State Dates Attended

Information needed for a scholarship.

Do you or a family member belong to a business associated with the Retail Lumber Dealer's Association Yes No

If yes, please give the name of the business and the family member.

_____ Lumber Business name _____ Family member name and relation

Have you ever worked for a lumber business? If yes, business name _____

I have done seasonal work during the last two years, such as raking blueberries, picking potatoes, harvesting broccoli or other farm work, including fishing or fish farming.

Yes No

If yes, may we share information on your behalf with other agencies that provide direct financial assistance for post-secondary education?

Yes No

All Student Applicants Must Complete This Section.

(1) I certify that I will use money I receive under the federally assisted loans, grants, or work study programs only for expenses related to my study at Northern Maine Community College.

(2) I certify that, as a condition of my Pell Grant, I will not engage in the unlawful manufacture, distribution, dispensation, possession, or use of any controlled substance during the period covered by my Pell Grant.

I hereby acknowledge that the information submitted on all pages of this form is true and correct to the best of my knowledge. I understand that any false statements will be cause for denial, reduction, withdrawal, and/or repayment of financial aid, and may subject me to a fine or imprisonment, or both, under provisions of the U.S. Criminal code. I authorize the NMCC Financial Aid Office to verify the information on this form. I also agree to give proof of any information on this form, if requested.

Student Signature

Date

**Please send copies of any scholarships received
to The Financial Aid Office.**

If considered **dependent** from page one complete the following section.

Father/Stepfather _____

Mother/Stepmother _____

Phone # _____

Phone # _____

Street _____

Street _____

City/State _____

City/State _____

Email Address _____

Email Address _____

Employer _____

Employer _____

Questions? If you have any questions call NMCC's Financial Aid Office: **(207) 768-2707, 768-2790**
or toll-free in Maine **1-800-535-6682**.

If you would like help completing your FAFSA, you may stop in the Financial Aid Office Monday – Friday, 8a.m. - 5p.m.

COMMENTS: