MERCED COLLEGE Financial Aid Office SUPPLEMENTAL FORM

STUDENT IDENTIFICATION INFORMATION Student ID #: _____ Social Security #: Date of Birth: Other names used: _____ Phone #· Home Address: P.O. Box: _____ Parent Address: (Must Fill In) State Zip State City City **ABILITY TO BENEFIT** Have you graduated from high school? Yes____ No___ If you graduated after 2005, If yes, what year? did you pass both parts of the CAHSEE? YES NO If no, do you have a GED, or have you passed the high school proficiency exam? Yes____ No____ PREVIOUS COLLEGE INFORMATION List all colleges, trade schools, (any post secondary institutions) you have previously attended: None (use back of form if needed) Years attended: From School Name City/State To 1. How many total college units have you completed to date? 2. What is your Academic Program? (as listed on Merced College Admissions Application) 3. Have you received any of the following? (check all that apply): AA/AS BA/BS Certificates (Please list) 4. Will you enroll in any other courses at any other college while attending Merced College? Yes No If yes, which college? **CERTIFICATION:** I agree that the Merced Community College District may transfer my state funds in my behalf to offset my enrollment fees if I am determined eligible. I further agree that the District may transfer federal funds in my behalf to pay outstanding college debts if I fail to claim any checks to which I am entitled. I certify that all of the information given on this supplemental form is true and complete to the best of my knowledge. I understand

that if I purposely give false or misleading information I may be subject to a fine, a prison sentence, or both.

STUDENT'S SIGNATURE: DATE: