



NEOSHO COUNTY COMMUNITY COLLEGE

The education you need. The attention you deserve.

800 WEST 14TH STREET
CHANUTE, KS 66720
620.431.2820 ext. 278

226 BEECH
OTTAWA, KS 66067
785.242.2067 ext. 315

IN KANSAS 1-800-SAY-NCCC
www.neosho.edu/financial_aid

STUDENT DATA FORM

2009—2010

Name: _____
Last First M.I.

SSN: _____ NCCC STUDENT ID #: _____

CAMPUS ATTENDING: Chanute / Independence Ottawa Campus Unknown

LIST ALL COLLEGES PREVIOUSLY ATTENDED:

You must provide an official transcript from each of these colleges for the NCCC Registrar's Office.

PLEASE MARK ONE:

Are you receiving funds from outside source(s)?

- Yes, I am receiving funds from outside source(s) and have listed them in the box below.
 No, I am not receiving funds from outside source(s) and do not have information for the below box.

SUPPLEMENTAL ASSISTANCE INFORMATION (8/09 – 7/10)

Do not include aid awarded by NCCC in this box. Please list any sources that will assist you in paying for your educational related expenses. This includes tuition, fees, room & board, living expenses, transportation, child care, etc. Include funds paid directly to NCCC and/or funds paid to you.

SOURCE:	FALL Amount	SPRING Amount	SUMMER Amount

Do not include aid awarded by NCCC in the above box.

PLEASE SIGN YOUR AGREEMENT:

I hereby authorize Neosho County Community College to transfer funds from my financial aid award to pay for all charges on my business office account including tuition, fees, bookstore charges, and dorm (room and board) expenses.

I understand that my aid will be disbursed based on my certified enrollment status and may be different from my award amounts. I realize credit hours I withdraw from will not be counted towards my certified enrollment status.

I have read and understand the above information and the information I provided is complete and correct to the best of my knowledge.

Signature

Date

Please return all documents to your NCCC Office of Student Financial Aid.