



# NEOSHO COUNTY COMMUNITY COLLEGE

800 WEST 14TH ST  
CHANUTE, KS 66720  
620.431.2820 ext. 278  
900 EAST LOGAN ST  
OTTAWA, KS 66067  
785.242.2067 ext. 315

finaid@neosho.edu

## STUDENT DATA FORM

2013—2014

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Last First M.I. best to reach you (include area code)

Address: \_\_\_\_\_  
Street City State Zip

NCCC Student ID # or SSN: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

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.

### SUPPLEMENTAL ASSISTANCE INFORMATION (AUGUST 2013 – JULY 2014)

**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.

**Instructions: Do not include** any aid awarded by NCCC in the box. **Do include** supplemental assistance sources such as SRS, Voc Rehab, community group scholarships, Kansas Works/ WIA/Heartland Works, etc. **Do include** sources that assist you in paying for your education related expenses such as tuition, fees, room & board, child care, transportation, living expenses, etc will usually be included. **Do include funds paid directly to NCCC and/or funds paid to you.**

SOURCE:	FALL Amount	SPRING Amount	SUMMER Amount
EXAMPLE: Kansas Works	\$1500	\$1500	?

**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 residence hall (room/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.**