



NEOSHO COUNTY COMMUNITY COLLEGE

800 W 14th St
Chanute, KS
66720
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Fax# 620.432.0447
900 E Logan St
Ottawa, KS 66067
785.248.2839 Fax#
785.248.2830
finaid@neosho.edu

STUDENT DATA FORM

2021—2022

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

What is your major? _____

List all colleges previously attended: _____

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

SUPPLEMENTAL ASSISTANCE INFORMATION (AUGUST 2021 – JULY 2022)

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, books, supplies, and residence hall (room/board) expenses (to include tuition and fee charges for federally ineligible course-work). I also authorize NCCC to deduct from my Title IV Federal Financial Aid to pay my current allowable non-institutional charges. These charges being fees other than those required to take courses at NCCC.

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.