



**Wharton County Junior College  
Financial Aid Office  
Student Data Form 2017-2018**

**Use BLACK/BLUE INK ONLY**

All sections must be completed. If the answer to a question is **unknown** please indicate so. **DO NOT** leave questions blank.

Name: \_\_\_\_\_

WCJC Student ID/Social Security: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

List all Colleges, VOC/TECH or Proprietary Schools previously attended and/or currently attending. Attach a separate sheet if necessary.

School: \_\_\_\_\_

School: \_\_\_\_\_

\*Transfer students must submit an academic transcript from each school previously attended if not already submitted to the Financial Aid Office. It is the student's responsibility to make certain these documents are received by the WCJC Financial Aid Office. You can only receive federal aid for attendance for one school at a time.

High School Graduated from: \_\_\_\_\_ Date of Graduation or GED: \_\_\_\_\_

Anticipated Enrollment:

FALL 2017      SPRING 2018      Major: \_\_\_\_\_

Full Time       Full Time

3/4 Time       3/4 Time

1/2 Time       1/2 Time

Where will you live while in school?  With Parents       Campus Housing       Off Campus

As of today are you:  Single       Married       Separated       Divorced       Widowed

Spouse's/Ex Spouse's/Domestic Partner: Name: \_\_\_\_\_

Spouse's/Ex Spouse's/Domestic Partner Phone: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Spouse's/Ex Spouse's/Domestic Partner: Employer: \_\_\_\_\_

Date of Marriage: \_\_\_\_\_ Date of Separation or Divorce: \_\_\_\_\_

Will your spouse/Domestic Partner be enrolled in college during 2017-18  Yes  No

Name of College: \_\_\_\_\_

List your dependent children and any other dependents who live with you and will receive more than half of their support from you during the 2017-18 school year: Attach a separate sheet if necessary

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Relationship: \_\_\_\_\_

Child care/daycare cost per month: \$ \_\_\_\_\_ Provided by: \_\_\_\_\_

WCJC Student ID# \_\_\_\_\_

Parent information required for all students. Do not leave blank. If deceased, please write deceased.

Father/Step father: \_\_\_\_\_ Mother /Step mother: \_\_\_\_\_  
Physical Address: \_\_\_\_\_ Physical Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Phone: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Employer: \_\_\_\_\_ Employer: \_\_\_\_\_  
Father's Date of Birth: \_\_\_\_\_ Mother's Date of Birth: \_\_\_\_\_

Parent's Dependents: Attach a separate sheet if necessary

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Name of college attending in 2017-18: \_\_\_\_\_  
Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Name of college attending in 2017-18: \_\_\_\_\_

**YOU ARE REQUIRED TO REPORT ANY FUNDS YOU RECEIVE FROM ALL SOURCES FOR EDUCATIONAL EXPENDITURES.**

**UNUSUAL CIRCUMSTANCES:** If you feel your Student Aid Report (SAR) may present an unrealistic picture of your family's ability to contribute to your education, you may complete the document requesting a special condition, available at the Financial Aid Office.

**AUTHORIZATION:** I certify to the best of our knowledge, the information contained in the statement is correct and complete. By signing this document I verify that I have never been convicted of a felony or an offense under Chapter 481, Health and Safety Code (Texas Controlled Substances Act), or under the law of another jurisdiction involving a controlled substance as defined by Chapter 481, Health and Safety Code.

I hereby certify that the information I have provided is true and correct. I understand that if I fail to provide accurate information, I may be required to reimburse the institution and penalties may be imposed.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**THIS APPLICATION WILL NOT BE CONSIDERED COMPLETE UNLESS ALL QUESTIONS ARE ANSWERED.**

No person shall be excluded from participation, denied the benefits of, or be subjected to discrimination under any program or activity sponsored by Wharton County Junior College on any basis prohibited by applicable law, including but not limited to race, color, national origin, religion, sex, age, veteran status or handicap.