



Broward Technical Colleges

Financial Aid Institutional Application

Name _____ SSN _____
Last First Middle

Home Address _____ Apt# _____

City _____ State _____ Zip _____

Cell Phone Number _____ Alternative Phone Number _____

Date of Birth _____ E-mail Address _____

Have you previously attended Atlantic Technical College? Yes ___ No ___ If yes, indicate last year attended _____

Have you previously applied for a Federal Pell Grant at Atlantic Technical College? Yes ___ No ___ What year? _____

Have you transferred from another school? Yes ___ No ___ Did you receive financial aid this school year? Yes ___ No ___

STUDENT STATUS

_____ Independent

_____ Dependent

NAME OF PROGRAM

SCHOOL ENROLLMENT DATE

Month Day Year

SCHOOL ENROLLMENT STATUS

Full-Time Student (24-30 Hours per week) _____

Part-Time Student (12 Hours per week) _____

Class Hours from _____ to _____

EDUCATIONAL DATA

High School Transcript

Name of School _____

GED Transcript

Home school in accordance with the State of Florida Statute.

Note: If a GED is earned in the award year, Federal Pell and/or SEOG funds will be retroactive to the payment period in which the GED was awarded.

CITIZENSHIP STATUS

_____ U.S. Citizen or National

_____ Permanent Resident

_____ Eligible Non-Citizen

FINANCIAL DATA

Are you eligible for Veteran's Benefits? Yes_____ No_____

Will you receive or do you plan to apply for aid from any of the following resources?

- _____ Act
- _____ Americorps
- _____ Broward Community Action Agency
- _____ CareerSource Broward
- _____ Fee Waiver
- _____ Financial Aid Fee Trust Fund (FAFTF)
- _____ Florida Pre-Paid
- _____ Scholarships
- _____ Urban League
- _____ Vocational Rehabilitation
- _____ Wages
- _____ Workforce Investment Act
- _____ Other Resources

WARNING: If you purposely give false or misleading information on any financial aid documentation, you may be subject to a fine of up to \$10,000, imprisonment for up to 5 years, or both.

I am aware that in order to receive financial assistance from any Title IV program, **I must meet and maintain ALL satisfactory policies in the program of study I am pursuing in this institution.**

I hereby certify that all of the information reported on this form is true and correct.

Student's Signature

Date