



QUESTIONNAIRE/EDUCATIONAL GOAL/STUDENT AUTHORIZATION
2007-2008

PART I: QUESTIONNAIRE

SS#

Grid for Social Security Number

Last Name First Middle Birthdate

Be sure the Admissions Office has your correct address because this is the address used to mail your financial aid disbursement.

Will you pay child care expenses for dependents (age 12 and under) while attending school?
If yes, are your child care expenses being paid for by the Child Resource Center or CARE program?

PART II: EDUCATIONAL GOAL

All students must choose one Educational Goal in order to be eligible for financial aid. An Educational Goal is defined as follows:

- (1) Enrolled in a course leading to a Certificate upon completion, or
(2) Enrolled in a course leading to an Associate of Arts or Associate of Science Degree, or
(3) Enrolled in a Transfer Program leading to a Baccalaureate Degree.

My Educational Goal at Los Angeles Valley College is: Certificate AA Degree Transfer Program

Anticipated completion date: Major:

Do you or will you have earned a high school diploma (U.S. or foreign), a General Education Development Certificate (GED), or passed the CA Proficiency Exam (CPE) before you begin your enrollment at LAVC for the 2007-2008 academic year.

If no, have you passed the Ability to Benefit Test?

If yes, specify College and date of test

I certify that the above information on Part I and Part II are true and correct to the best of my knowledge. I also understand that providing false information may result in denial or repayment of financial aid.

Student's Signature Date Phone number

Part III: STUDENT AUTHORIZATION (PLEASE READ BEFORE SIGNING)

- I agree to report any additional resources I may receive, including, but not limited to scholarships, stipends, and grants from outside sources. I understand any changes in outside resources may result in a reduction of awards and a request for repayment of all or a portion of the financial aid received.
I agree to report to the Financial Aid Office any changes in my academic status. I understand that changes in my enrollment may result in reduction or cancellation of my financial aid award. I understand that if I withdraw or drop classes, full or partial repayment may be required.
I understand that I must comply with all Satisfactory Academic Progress requirements as described in the information enclosed with my Award Notice and as described in the College catalog.

I authorize the Los Angeles Community College District to deduct from my financial aid the institutional charge s/obligations listed below in addition to current tuition and fees. I understand that if I do not receive sufficient financial aid to cover the charges listed below, I am responsible for paying any unpaid portion to the College Business Office. I understand that my ability to enroll in classes and receive College services may be withheld if these charges are not paid. I understand that if I am not participating in Electronic Fund Transfer (EFT) my funds will be sent to the address on file with the Admissions Office after all outstanding charges have been credited to Los Angeles Valley College.

- Student Financial Aid Advance/Loan
Book Loans
NSF/returned checks including service fees
Library books and fines
Dean's Loan
Equipment (athletic, chemistry lab, etc.)
Student Representation Fee
Overpayment of Title IV funds
Emergency Loan
Transcript fees
Child Care payment
Prior year drop fees
Institutional debt
Prior year enrollment fees
Student Health Fee

I understand that I may cancel or modify this authorization at any time, however if I do, I cannot participate in Electronic Fund Transfer (EFT) or in direct mailing of my financial aid warrants.

Student's Signature Date E-mail address

