



PERSONAL INFORMATION

Name     
Last First Initial

Address      
Street City State Zip

Email

Home Phone  Cell Phone

Student ID #  Date of Birth

Sex:  MALE  FEMALE

Marital Status:  SINGLE  MARRIED  OTHER

U.S. Citizen:  YES  NO Permanent Resident # \_\_\_\_\_

Military Information: Active: \_\_\_\_\_ Veteran: \_\_\_\_\_

**Ethnic Background:**

Native American  African American  Asian  
 White  Hispanic  Pacific Islander  
 Other \_\_\_\_\_

Documented Disability  Yes  No

If yes, please specify disability \_\_\_\_\_

ACADEMIC INFORMATION

High School Attended \_\_\_\_\_ Graduation Year \_\_\_\_\_

MCC Start Date \_\_\_\_\_  Full time  Part time

Name of Prior College Attended \_\_\_\_\_

Do You Intend to Transfer to a Four Year Institution?  Yes  No  Unsure

## Family Income Statement

For Financial Aid purposes are you considered:

An Independent Student (you must verify that your total family income is within the guidelines for low income and sign below)

Criteria for independent status may include any of the following:

- Student is 24 years of age or older
- Student is married
- Student has legal dependents other than a spouse that the student supports at least 50% of the time

A Dependent student (your parent/guardian must verify that the total family income is within the guidelines for low income and sign below)

Financial information must be obtained for total family income using 2015 tax returns.

**Initial your family size**

Size of Family Unit	48 Contiguous States, D.C., and Outlying Jurisdictions	Initials	
1	\$17,655		1. Identify the tax form used to file 2015 taxes. 2. Use the <u>taxable income</u> according to the following: Form 1040 refer to line 43 Form 1040A refer to line 27 Form 1040 EZ refer to line 6 3. Identify your total family size. If the total family income is equal to or less than the dollar amount for your family size, the statement below must be completed and signed by the parent/guardian or student (if student is independent) .
2	\$23,895		
3	\$30,135		
4	\$36,375		
5	\$42,615		
6	\$48,855		
7	\$55,095		
8	\$61,335		

**My family does not meet the requirements for low-income status.**

**My family meets the requirements for low-income status. (Please complete statement below)**

I \_\_\_\_\_ verify that my family taxable income for the year 2015 is within the guidelines for low income eligibility (150% of the federal poverty level as published in the Federal Register) for the United States Department of Education TRIO Programs.

\_\_\_\_\_  
Student Signature (required for independent students)

\_\_\_\_\_  
Parent Signature (required if student is dependent)

