



Resource Application

FILL OUT THIS RESOURCE APPLICATION COMPLETELY AND ACCURATELY

Academic Year 2017-2018
(August 2017-May 2018/January 2018-May 2018)

Name _____ CID _____

Home e-mail address _____ Date of Birth _____

Residential Address _____

City _____ State _____ Zip Code _____

Telephone Numbers: Home No. _____ Cell No. _____

Do you have a High School Diploma or GED? H.S. GED

Name of High School _____

Year of Graduation/GED _____

Have you ever attended Del Mar College? Yes No

If yes, when? _____

Are you seeking a degree or Certification from Del Mar College? Degree Certificate?

What is your College Major at Del Mar College? _____

Your major must be updated with the Registrar's Office to continue processing your file.

When do you plan to complete the program or graduate? _____

Do you want a long term loan that you are required to start paying back if you drop below half-time enrollment? Yes No

Have you previously borrowed a student loan? Yes No

Have you ever applied for or received financial aid at Del Mar College? Yes No

If yes, indicate what year first applied _____ Under what name(s)? _____

Have you ever attended any other college, vocational, trade, or business school? Yes No

If yes, name the college(s)/school(s) and degrees held, if any. Also, you must have an official transcript on file with the Registrar's Office and/or the Financial Aid Office.

Please complete information and authorization of this form

For the 2017-2018 academic year, will you be receiving assistance from any of the programs listed below? (Failure to report accurately will cause processing of your assistance to be delayed, denied, or canceled.)

	Yes	No	If yes, check benefits to be received:	
Workforce Investment Act (WIA)	<input type="checkbox"/>	<input type="checkbox"/>	Tuition/fees <input type="checkbox"/>	Books/supplies <input type="checkbox"/>
Texas Rehabilitation Commission (TRC)	<input type="checkbox"/>	<input type="checkbox"/>	Tuition/fees <input type="checkbox"/>	Books/supplies <input type="checkbox"/>
TD HS/JOBS	<input type="checkbox"/>	<input type="checkbox"/>	Transportation allowance \$ _____	
TEC/Tuition Assistance Program	<input type="checkbox"/>	<input type="checkbox"/>	Tuition/fees <input type="checkbox"/>	Books/supplies <input type="checkbox"/>
Bureau of Indian Affairs	<input type="checkbox"/>	<input type="checkbox"/>		
Other Tuition Exemption Assistance	<input type="checkbox"/>	<input type="checkbox"/>		
Scholarships to be received	<input type="checkbox"/>	<input type="checkbox"/>		

Please list source and dollar amount:

Source _____ Dollar Amount \$ _____

Source _____ Dollar Amount \$ _____

Source _____ Dollar Amount \$ _____

**Statement of Student Eligibility
for Texas State Financial Aid Programs**

Have you ever been convicted of a felony or an offense under Chapter 481, Health and Safety Code (Texas Controlled Substances Act), or under the laws of another jurisdiction involving a controlled substance as defined by Chapter 481, Health and Safety Code?

No

Yes

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 Del Mar College and penalties may be imposed.

AUTHORIZATION

Yes **No (check one)** I authorize Del Mar College to release enrollment, academic, and financial data to any organization or agency to whom I have applied for assistance.

I authorize Del Mar College to credit my student account with my financial aid funds for any institutional charges I may incur, in addition to tuition and fees, if applicable. I understand this authorization may be rescinded. Requests for cancellation of this authorization must be submitted in writing to the Financial Aid Office at least 15 days prior to the semester billing date outlined in the Del Mar College Course Schedule.

I hereby certify and affirm that all information on this form is true, complete, and accurate to the best of my knowledge. I understand that any false statements or misrepresentation will be cause for denial, reduction, withdrawal, and/or repayment of financial aid, and may subject the filer(s) to fine or imprisonment or both under provisions of the United States Criminal Code. I also certify that I am attending Del Mar College for the purpose of attaining a degree or certificate at Del Mar College.

I understand that in applying for consideration for financial assistance (including loans) I must meet the Satisfactory Academic Progress Policy as defined.

I declare under the penalty or perjury that the above statements and information on this application are true and correct.

Student Signature _____

Date _____

Del Mar College is an Equal Opportunity/Affirmative Action Employer and Educational Institution. The College takes affirmative action to endeavor that no person shall be denied the benefits of equal employment or be subjected to discrimination in employment or educational programs and activities of Del Mar College on the basis of race, color, sex, age, national origin, religion, disability, or any other constitutionally or statutorily impermissible reason.