



2017 - 2018 Continuing Education Financial Aid Application

APPLICATION INFORMATION AND INSTRUCTIONS

Financial Aid for Continuing Education students at Del Mar College is funded with the Texas Public Educational Grant (CETPEG). CETPEG funding is available to eligible students, with demonstrated need, who enroll in state-funded classes. State-funded classes are usually career or occupational courses.

CETPEG Eligibility Criteria/Parameters

- Must demonstrate and meet financial need as described by the program guidelines
- Award must be used for tuition only. Student is responsible for his/her books
- Students with quarter awards in excess of tuition may not carry forward excess funding to future quarters
- Be a U.S. citizen or an eligible non-citizen
- Not be in default on a State/Federal Student loan and must not owe a repayment on a State/Federal Grant
- Must not have a bachelor's degree
- Must not be on academic or financial aid suspension
- Financial assistance will not be available for repeated or recreational courses
- Male students between the ages of 18 to 25 must be registered with Selective Service System
- Funding is available for only ONE Continuing Education Program

Other CETPEG Information

- If student is enrolled for credit courses, admitted under a degree-seeking program, and/or the student is eligible for Title IV funding (Pell, SEOG, etc.), financial aid must be processed for the credit courses first, and the student may not be eligible for Continuing Education financial aid.
- **Student will need to apply for the Continuing Education CETPEG grant every academic year. This application can be used for enrollment periods between Sept, 01, 2017, and Aug. 31, 2018.**

CETPEG Application Instructions

1. Electronically submit the Free Application for Federal Student Aid (FAFSA) www.fafsa.gov
2. Complete, sign and submit the attached financial aid application.
3. Copy of student's Registration Form for Continuing Education course(s)
4. Provide a copy of the student's **2015 tax return transcript**. Transcripts may be ordered online at www.irs.gov or by calling 1 (800) TAX-1040. If parent(s) or spouse information is required on the financial aid application, parent's or spouses' **2015 tax return transcript** must also be submitted. You may utilize the IRS Data Retrieval Tool when completing the FAFSA (strongly recommended)
5. Provide other documentation as requested by the Student Financial Aid Services Office.
6. **Submit your CETPEG application and appropriate tax return(s) to your campus Financial Aid Services Office or fax to 361-698-2695.**

SECTION 1: STUDENT CONTACT INFORMATION

(PLEASE WRITE LEGIBLE)

Name _____ DMC Colleague ID _____

 Last First M.I.

EMAIL _____

Contact Number: _____

SECTION 2: ENROLLMENT

1. In what program will you enroll? _____

2. Please indicate below the courses in which you will enroll.

2017A _____
(Sept. 01, 17 – Nov. 30, 17)

2017B _____
(Dec. 01, 17 – Feb. 28, 18)

2018C _____
(March 01, 18 – May 31, 18)

2018D _____
(June 01, 18 – Aug. 31, 18)

SECTION 4: DEPENDENCY STATUS

- | | |
|---|--|
| 1. Were you born before Jan. 1, 1994? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. As of today, are you married? (Answer yes if separated but not divorced.) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Do you have children who receive more than half of their support from you? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Do you have dependents (other than children or spouse) who lived with you and who receive more than half of their support from you, now and through June 30, 2018? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Are you an orphan or ward of the court? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Are you currently serving on active duty in the U.S. Armed Forces for purposes other than training? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Are you a veteran of the U.S. Armed Forces? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Are you or were you an emancipated minor as determined by a court in the state of legal residence? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Are you or were you in legal guardianship as determined by a court in your state of legal residence? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. Have you been homeless anytime since July 1, 2016? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

If you answered yes to #10, explain _____

**If you answered NO to ALL of the previous questions, you must provide parental information in Sections 5, 6, 8A & 8B.
If you answered YES to ANY of the previous questions, you do not have to provide parental information.**

SECTION 5: PARENT INFORMATION

1. What is your parents' marital status as of today? married/remarried single
 divorced/separated widowed
2. Month and year your parents were married, separated, divorced, or widowed? _____
3. What is your father's (or stepfather's) last name? _____ Date of Birth _____
4. What is your mothers (or stepmother's) last name? _____ Date of Birth _____

SECTION 6: FAMILY INFORMATION/HOUSEHOLD SIZE

If you are an **INDEPENDENT** student who responded **YES** to ANY question in Section 4 - Dependency Status on page 2 of this form:

- List yourself, and your spouse, if applicable, below and attach a signed copy of your 2015 Federal Tax Return Transcript(s)
- List your children, if you will provide more than half of their support from July 1, 2017, through June 30, 2018.
- List other people only if they now live with you, you provide more than half of their support, AND you will continue to provide more than half of their support from July 1, 2017 through June 30, 2018. Verification of these persons may be required.

If you are a **DEPENDENT** student who responded **NO** to ALL questions in Section 4: Dependency Status on page 2 of this form:

- List yourself and attach a copy of your signed 2015 Federal Tax Return Transcript(s).
- List your parent(s) (including stepparent), even if you don't live with your parents, and attach a signed copy of their 2015 Federal Tax Return Transcript(s).
- List your parents' other children if (a) they will receive more than half of their support from your parents from July 1, 2017, through June 30, 2018.
- List other people only if they now live with your parents, your parents provide more than half of their support, AND your parents will continue to provide more than half of their support from July 1, 2017, through June 30, 2018. Verification of these persons may be required.

NAME	Age	Relationship To Student	List College currently attending or will attend at least half-time between 7/1/2017 and 6/30/2018	Filed 2015 Taxes? Circle Yes or No	
		Self		Y / N	
				Y / N	
				Y / N	
				Y / N	
				Y / N	

Check the box that applies:

- The student was not employed and had no income earned from work in 2015.
- My spouse (if married) was not employed and had no income earned from work in 2015.
- The student (and/or the student's spouse if married) was employed in 2015 and has listed below the names of all employers, the amount earned from each employer in 2015, and whether an IRS W-2 form is attached. Attach copies of all 2015 W-2 forms issued to you (and, if married, to your spouse) by employers. List every employer even if the employer did not issue an IRS W-2 form. If more space is needed, attach a separate page with your name and student ID at the top.

Employer's Name	2015 Amount Earned	W-2's Attached

SECTION 8A: PARENT'S INCOME INFORMATION FOR NON-TAX FILERS

Complete this section if the student's parent(s) will **NOT** file and are **not required** to file a 2015 income tax return with the IRS.

Check the box that applies:

- The parent(s) was not employed and had no income earned from work in 2015.
- The parent(s) was employed in 2015 and has listed below the names of all employers, the amount earned from each employer in 2015, and whether an IRS W-2 form is attached. Attach copies of all 2015 W-2 forms issued to the parent(s) by employers. *List every employer even if the employer did not issue an IRS W-2 form. If more space is needed, attach a separate page with your name and student ID # at the top.*

Employer's Name	2015 Amount Earned	W-2's Attached

PLEASE NOTE THAT IF THE STUDENT'S PARENT(S) HAD FOREIGN INCOME FROM ANOTHER COUNTRY IN 2015, WE WILL NEED A SIGNED STATEMENT FROM THE PARENT DETAILING THE AMOUNT THEY EARNED IN 2015 CONVERTED TO U.S. DOLLARS.

Student Signature _____ **Date** _____

Parent Signature _____ **Date** _____

(One parent whose information is provided on this application)

MALES ONLY

SECTION 9: SELECTIVE SERVICE AND REQUIRED SIGNATURES

Statement of Selective Service Registration Status

(For information on Selective Service, visit www.sss.gov)

- ◆ Under HB 2061, enacted by the 75th Texas State Legislature, if you are currently of the age and gender requiring registration with Selective Service, but knowingly and willfully fail to do so, you are ineligible to receive funds from the State of Texas, including grant monies.
- ◆ Almost all male U.S citizens, and male aliens living in the U.S., who are 18 through 25 years of age, are required to register with Selective Service. Some non-citizens are required to register and others are not. Non-citizens not required to register include men who are in the U.S. on student or visitor visas, and men who are part of a diplomatic or trade mission and their families. Almost all other male non-citizens are required to register, including illegal aliens, legal permanent residents, and refugees.
- ◆ If you are not registered as required, you are presently not eligible to receive state funds and should register promptly at a U.S. Post Office. A Certificate of Mailing may be obtained from the Post Office at such time that you mail your registration and may be used as proof of your application until you receive your Selective Service Registration Card.
- ◆ A false statement may be grounds for your financial aid to be suspended.

I understand that under HB 2061, enacted by the 75th Texas Legislature, I must be registered with the Selective Service System according to the requirements of federal law in order to receive funds from the State of Texas.

I further certify that I meet the Selective Service registration requirements and the information provided on this form is true, complete, and correct to the best of my knowledge. I understand that any false statements may void my eligibility for financial aid funds, and that the information provided on this form will be used only for evaluation or eligibility for state funds.

Student Signature _____ **Date** _____

Del Mar College Financial Aid Offices
Email: financialaid@delmar.edu
FAX: (361) 698-2017

East Campus: Harvin Center – Room 263
Phone: (361) 698 – 1293

West Campus: Coleman Center – Room 146
Phone: (361) 698-1726
Fax: (361) 698 - 2695