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# Resource Application

FILL OUT THIS RESOURCE APPLICATION COMPLETELY AND ACCURATELY

Summer 2018

(June 2018 – August 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?  Yes  No

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, were you enrolled during the Fall 2017 or Spring 2018 semesters?  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 Summer 2018, 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.)

	<b>Yes</b>	<b>No</b>	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			
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**

Controlled Substances Act), or under the laws of another jurisdiction involving a controlled substance as defined by Chapter 481, Health and Safety Code?

Yes No

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**

I authorize Del Mar College to release enrollment, academic, and financial data to any organization or agency to whom I have applied for assistance.

Yes No

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 of 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.

FA NB 12/2017