



# 2007-2008 FEDERAL FINANCIAL AID



987 South Geneva Rd. • Orem, UT 84058 • (801) 863-6282 Financial Aid (Ext. 7605)

## PERSONAL DATA

NAME: \_\_\_\_\_  
Last First Middle Initial (Preference) Maiden: (Last Name)

PERMANENT ADDRESS: \_\_\_\_\_  
Street City State Zip

LOCAL ADDRESS: \_\_\_\_\_  
Street City State Zip

PERMANENT TELEPHONE: ( ) \_\_\_\_\_ LOCAL TELEPHONE: ( ) \_\_\_\_\_

SS #: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_ E-MAIL \_\_\_\_\_

## CLASSIFICATION INFORMATION

<b>During 2007-08:</b> <input type="checkbox"/> First Year <input type="checkbox"/> Second Year <input type="checkbox"/> YES <input type="checkbox"/> NO (Official Transcript Required)	<b>Status:</b> <input type="checkbox"/> New student <input type="checkbox"/> Transfer student Transfer credits? <input type="checkbox"/> YES <input type="checkbox"/> NO (Official Transcript Required)	<b>Enrollment Status:</b> <input type="checkbox"/> Full-time <input type="checkbox"/> 3/4-time <input type="checkbox"/> Part-time	<b>Attending:</b> <input type="checkbox"/> Full academic year <input type="checkbox"/> 1 <sup>st</sup> semester only <input type="checkbox"/> 2 <sup>nd</sup> semester only	<b>Housing Plans:</b> <input type="checkbox"/> Dependent LVG with parent(s) <input type="checkbox"/> Dependent LVG on own <input type="checkbox"/> Independent <input type="checkbox"/> Married <input type="checkbox"/> Single
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## LIST ALL OTHER COLLEGES OR UNIVERSITIES YOU HAVE ATTENDED

College Name	City/State	Dates Attended

(ADDITIONAL PAGE MAY BE ATTACHED IF NECESSARY)

## FINANCIAL ASSISTANCE (Please check all types of financial assistance for which you are applying)

### FEDERAL AID

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> FEDERAL PELL GRANT   | <input type="checkbox"/> FWS (Federal Work Study)   | <input type="checkbox"/> PARENTAL PLUS LOAN |
| <input type="checkbox"/> FSEOG (Federal Supplemental Educational Opportunity Grant) | <input type="checkbox"/> SUBSIDIZED STAFFORD LOAN   |   |
|   | <input type="checkbox"/> UNSUBSIDIZED STAFFORD LOAN |   |

### STATE AID

- |                                      |  |   |
|--------------------------------------|--|---|
| <input type="checkbox"/> DWS PROGRAM | <input type="checkbox"/> APPRENTICEHIP PROGRAM (Referral Only) | <input type="checkbox"/> OTHER STATE ASSISTANCE<br>List Source(s) _____ |
| <input type="checkbox"/> WIA PROGRAM |  | _____   |

### OTHER

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> EMPLOYEE TUITION DISCOUNT   | <input type="checkbox"/> VOCATIONAL REHABILITATION | <input type="checkbox"/> OTHER SCHOLARSHIP: List Sponsor & Amount _____ |
| <input type="checkbox"/> TUITION EXCHANGE            |  | _____   |
| <input type="checkbox"/> MILITARY TUITION ASSISTANCE |  | _____   |

MATC does not unlawfully discriminate on the basis of any status or condition protected by applicable federal or state law during the administration of its educational policies, admission, financial assistance, employment, educational programs, or activities.

APPLICANT SIGNATURE

DATE