



Financial Aid Information Form (FAIF)
2010-2011 Academic Year

Brainerd Campus
Financial Aid Office
501 West College Drive
Brainerd, MN 56401
800-933-0346 or 218-855-8025

Staples Campus
Financial Aid Office
1830 Airport Road
Staples, MN 56479
800-247-6836 or 218-894-5157

You must complete and return this form to the Brainerd Campus if you are planning to attend CLC.

Name _____ Student ID or Soc. Sec. # _____

Previous/Maiden Name _____ Program/Degree _____

E-mail _____ Phone number _____

Complete 1-6 below

1) Please list below all colleges and technical schools you have ever attended.

Table with 4 columns: School/College Name, mm/yy to mm/yy, School/College Name, mm/yy to mm/yy

2) Please check the box and complete the one that applies to you:

[] I have or will have my high school diploma from:

Name of High School or Education Center City/State month/year received

[] I have received my GED from:

Name of High School or Education Center City/State month/year received

[] I do not have a high school diploma or GED.

3) Were you or have you been a MN resident for twelve consecutive months before first attending a MN college or technical school (beyond high school)?

Yes _____ No _____

4) Indicate the date you began or will begin living in MN: ___/___/___
month day year

5) Indicate the date you were or will be first enrolled at a MN college or technical school: ___/___/___
month day year

6) If you were required to use parental information when you completed the 2010-2011 FAFSA, what was your parent(s) state of legal residence at that time?

Name of State: _____

Federal Regulations do not permit us to release specific information regarding your financial aid file to anyone other than you without written consent. Please mark to whom you would like your information to be released.

[] No one [] Mother/Stepmother [] Father/Stepfather [] Spouse

- I authorize Central Lakes College to deduct any institutional charges, such as tuition, fees, bookstore charges, and any other expenses owed to the college from my grants and loans and issue to me a check for the balance. I understand I have the right to cancel this statement at any time and that I must do so in writing. I also understand by canceling this statement I would then be responsible to pay my tuition, fees, bookstore charges, and any other expenses owed to the college from my personal finances.
I certify that I have a high school diploma or GED* or have met the "ability to benefit" requirements to receive financial aid. *A GED is a high school equivalency certificate granted to a student who did not graduate from high school, but passed a high school equivalency test.
I certify that all of the information I provided on this form is complete and accurate.

SIGNATURE _____

DATE _____