



Financial Aid Information Form (FAIF)
2011-2012 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. If more than two, list additional on the back.

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 2011-2012 FAFSA, what was your parent(s) state of legal residence at that time?

Name of State: \_\_\_\_\_

7) If you are currently residing outside of MN, are you enrolled in a distance learning or an online MN education program? \_\_\_\_ Yes \_\_\_\_ No

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. (Note: Your consent is valid for the 2011-12 academic yr.)

[ ] 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 \_\_\_\_\_