



3094 Indian Circle, Marianna, Florida 32446
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2024-2025 Student Information Worksheet

A. STUDENT INFORMATION

- 1. Student's Name
2. Last 4 of SSN# Chipola ID#
3. Email address:
4. Permanent Mailing Address
City, State, Zip
5. Phone Number (Home) (Cell)
6. Month/Year of High School Graduation
7. Marital Status: Single Married Separated Divorced
Spouse's Name:

8. List All Colleges/Universities/Technical Schools previously attended (Including Present Attendance Other than Chipola).

Table with 3 columns: School, Dates Attended, College Degree Rec'd

- 9. Have you previously earned a bachelor's degree? Yes No
10. Classification: Beginning Freshman Returning Student Vocational
11. College Major (As declared on your application for admission)
12. Enrollment Status (Please check the box beside each semester that you plan to attend):

Table with 5 columns: Semester, Full-Time (12+ Credit Hours), 3/4 Time (9-11 Credit Hours), 1/2 Time (6-8 Credit Hours), Less than 1/2 time (1-5- Credit Hours)

- 13. Where do you plan to live while in school?
With parents Off campus housing On campus housing

Student Name: _____

Chipola ID# _____

B. PARENT INFORMATION - IF DEPENDENT

Father _____ Mother _____ Phone _____

Street/P.O. Box _____

City, State, Zip _____

C. EMPLOYMENT INFORMATION

Are you applying for college work study? Yes No

D. ADDITIONAL ASSISTANCE INFORMATION

Are you currently, or will you be receiving assistance from any of following?

- | | | | |
|----------------------------------|--------------------------|---------------------------|--------------------------|
| Bureau of Indian Affairs | <input type="checkbox"/> | Foundation Scholarship | <input type="checkbox"/> |
| Veteran's Affairs | <input type="checkbox"/> | Vocational Rehabilitation | <input type="checkbox"/> |
| State Scholarship/Bright Futures | <input type="checkbox"/> | CareerSource | <input type="checkbox"/> |
| Athletic | <input type="checkbox"/> | Other _____ | <input type="checkbox"/> |
| | | None | <input type="checkbox"/> |

E. INFORMATION RELEASE

I hereby authorize the Office of Financial Aid at Chipola College, Marianna, Florida to release my financial aid records to the individual(s) listed below:

- Parents Vocational Rehabilitation Career Source
 DCF Other _____

I certify that the information I have provided to the Office of Financial Aid is true to the best of my knowledge and I have read the Financial Aid Acknowledgement.

Any alteration to this form will not be accepted. All signatures must be handwritten. Typed signatures will not be accepted.

Student Signature _____ DATE _____

Chipola College is an Equal Access/Equal Opportunity Institution

<http://www.chipola.edu/legal/equity.htm>

NOTICE: Please be advised that these documents, once completed, may contain privileged and/or confidential information. The completed documents should be returned in a manner that is private and secure.