



2023-2024 STUDENT DATA FORM

A. STUDENT INFORMATION

1. Student's Name _____

2. Last 4 of SSN# _____ Chipola ID# _____

3. Other Name(s) Used At This Institution _____

4. Permanent Mailing Address _____

City State Zip _____

5. Local Address (If different) _____

6. Phone Number (Home) _____ (Cell) _____

7. Alternate Phone Number _____ Work Number _____

8. Month/Year of High School Graduation _____

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

School	Dates Attended	College Degree Rec'd
_____	_____	_____
_____	_____	_____
_____	_____	_____

10. Classification: Beginning Freshman ____ Returning Student ____ Vocational ____

11. College Major (As declared on your application for admission) _____

12. Enrollment Status (**Please list Full, 3/4, 1/2, or part time beside each semester that you plan to attend**):

Fall, 2023 _____ Spring, 2024 _____ Summer I, 2024 _____ Summer II, 2024 _____

13. Where do you plan to live while in school?

With parents ____ Off campus ____ Residence Hall ____

Please complete back side also.

B. PARENT INFORMATION - IF DEPENDENT

Father _____ Mother _____ Phone _____
Street/P.O. Box _____
City State Zip _____

C. MARRIED STUDENT INFORMATION

Spouse's Name _____

D. EMPLOYMENT INFORMATION

1. Are you applying for college work study? Yes _____ No _____

E. ADDITIONAL ASSISTANCE INFORMATION

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

- | | |
|---|--|
| <input type="checkbox"/> 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 | <input type="checkbox"/> One-Stop |
| <input type="checkbox"/> Athletic | <input type="checkbox"/> Other _____ |
| | <input type="checkbox"/> None |

F. 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:

- | | |
|---|-------------------------------------|
| a) <input type="checkbox"/> Student Loan Agencies | b) <input type="checkbox"/> Parents |
| c) <input type="checkbox"/> One-Stop | d) <input type="checkbox"/> HRS |
| e) <input type="checkbox"/> 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.

SIGNATURE _____ DATE _____

Financial Aid Office
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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.