



3094 Indian Circle, Marianna, Florida 32446
E-mail - financialaid@chipola.edu
Tel:850-526-2761 Fax:850-718-2427

2025–2026 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).**

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**):

	Full-Time (12 + Credit Hours)	¾ Time (9-11 Credit Hours)	½ Time (6-8 Credit Hours)	Less than ½ time (1-5- Credit Hours)
Fall 2025				
Spring 2026				
Summer I, 2026				
Summer II, 2026				

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 ☐

Foundation Scholarship ☐

Veteran's Affairs ☐

Vocational Rehabilitation ☐

State Scholarship/Bright Futures ☐

CareerSource ☐

Athletic ☐

Other _____ ☐

None ☐

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

<https://www.chipola.edu/equal/>

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.