PULASKI Technical College
3000 West Scenic Drive North Little Rock, AR 72118 501-812-2200 501-812-2316

FINANCIAL AID DATA FORM 2009-2010

Last Name First Name Middle Initial SSN or Student ID Number

Address Apt.# Date of Birth

City State Zip Code Phone Number with area code

Email Address Alternate Phone Number with area code

Have you attended any other colleges? Yes_____ No_____

Have you attended any colleges since your last enrollment with PTC? Yes_____ No_____

NOTE: Evaluation of all transfer transcripts must be completed by PTC'S Registrar's Office before financial aid will be processed. If your transcript has been evaluated, you are not required to have a second evaluation unless you have attended an institution since the last evaluation.

_____I am an undergraduate student enrolled in an Associate Degree program.

_____I am enrolled as a certificate seeking student.

List any other financial assistance you expect to receive while attending Pulaski Technical College.

Arkansas Rehabilitation	Fall 2009 $_____	Spring 2010 $_____
Americorps	Fall 2009 $_____	Spring 2010 $_____
National Guard Fee Waiver	Fall 2009 $_____	Spring 2010 $_____
Private Scholarships	Fall 2009 $_____	Spring 2010 $_____
Other_____	Fall 2009 $_____	Spring 2010 $_____

I permit Pulaski Technical College to use any Title IV federal aid I receive to pay any institutional fees, charges, and any other fees related to my attendance at Pulaski Technical College. This permission pertains to charges for the award year for which I am receiving financial aid and minor prior year charges. I understand I may rescind (in writing) this permission at any time. Allowable charges include tuition and fees, returned check fee, library fines and lost books, traffic fines, bookstore charges, vehicle registration, on-line course fee, and various miscellaneous charges.

I certify that the above information is true and correct to the best of my knowledge. I understand if this form has not been completed properly, it will be returned to me for proper completion. If this form has been completed with intent to receive financial aid on the basis of false information, I understand I am subject to denial of aid and possible federal prosecution.

_____ _____

STUDENT SIGNATURE DATE