



# HIWASSEE COLLEGE

## APPLICATION FOR FINANCIAL AID

*Dedicated To Great Beginnings*

Office of Financial Aid

225 HIWASSEE COLLEGE DRIVE • MADISONVILLE, TN 37354 • (423) 420-1221 • FAX (423) 420-1896

The information requested in this application is essential for the use in determining your eligibility for financial assistance at Hiwassee College. All questions must be answered completely. This information is for the confidential use of the financial aid officer and other professional persons concerned with the operation of the Hiwassee College student aid programs and will be treated as privileged information.

### To be considered for financial assistance you must:

Be currently enrolled or an applicant for admission to Hiwassee College.

Submit the Hiwassee College Application for Financial Aid.

Submit a copy of your signed 1040 income tax return and a copy of your parent's signed income tax return to the Hiwassee College Financial Aid Office.

Secure a Free Application for Federal Student Aid (FAFSA) from your High School Guidance Office or the Financial Aid Office at Hiwassee College. After completion send the FAFSA to the Central Processor.

### Renewal applications must be filed each year.

#### Full Legal Name / Address:

\_\_\_\_\_  
(Last) (First) (Middle) (Social Security Number)

\_\_\_\_\_  
(Street) (City) (State) (Zip)

Telephone Number (\_\_\_\_\_) \_\_\_\_\_ Boarding \_\_\_\_\_ Commuter \_\_\_\_\_

Martial Status Married \_\_\_\_\_ Single \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_ Widowed \_\_\_\_\_

Sex Male \_\_\_\_\_ Female \_\_\_\_\_ U.S. Citizen Yes \_\_\_\_\_ No \_\_\_\_\_ Date of Birth \_\_\_\_\_

Ethnic Orgin (optional) \_\_\_\_\_ College Classification Freshman \_\_\_\_\_ Sophomore \_\_\_\_\_

Indicate Semesters You Wish To Receive Aid \_\_\_\_\_  
(Fall) (Spring) (Summer) (Year)

Family income last year \$ \_\_\_\_\_ Federal income tax paid last year \$ \_\_\_\_\_

Estimated family income this year \$ \_\_\_\_\_ Number of dependent children in family \_\_\_\_\_

If your income will be less than last year, please explain:

\_\_\_\_\_  
\_\_\_\_\_

**Indicate by checking your preference for work or loan assistance:**

\_\_\_\_\_ College Work Study only.

\_\_\_\_\_ College Work Study and Student Loan.

\_\_\_\_\_ Student Loan only.

**Have you been enrolled in another college or vocational school? Yes\_\_\_\_\_No\_\_\_\_\_**

**LIST ALL PREVIOUS COLLEGES ATTENDED**

---

---

---

**STATEMENT OF EDUCATIONAL PURPOSE/  
CERTIFICATION STATEMENT ON REFUNDS AND DEFAULT**

I certify that I do not owe a refund on any grant, am not in default on any loan, and have not borrowed in excess of the loan limits, under the Title IV programs, at any institution. I will use all Title IV money received only for expenses related to my study at Hiwassee College.

**STATEMENT OF REGISTRATION STATUS**

\_\_\_\_\_ I certify that I am registered with Selective Service

\_\_\_\_\_ I certify that I am not registered with Selective Service because:

\_\_\_\_\_ I am a female.

\_\_\_\_\_ I am in the armed services on active duty.

(Note: Does not apply to members of the Reserves and National Guard who are not on active duty.

\_\_\_\_\_ I have not reached my 18<sup>th</sup> birthday.

\_\_\_\_\_ I was born before 1960.

\_\_\_\_\_ I am a citizen of the Federated States of Micronesia, the Marshall Islands or a permanent resident of the Trust Territory of the Pacific Islands (Palau).

**ANTI-DRUG ABUSE ACT CERTIFICATION**

I certify that as a condition of my Pell Grant, I will not engage in the unlawful manufacture, distribution, dispensation, possession or use of a controlled substance during the period covered by **PELL GRANT**.

**DIRECT CREDIT CERTIFICATION**

I certify that Hiwassee College has permission to credit to my student account any funds that I am eligible to receive from the Title IV Financial Aid Programs, State Financial Aid Programs and any College Scholarship Programs. I further agree to allow Hiwassee College to make any necessary adjustments to such accounts should the need arise in order to comply with the various Federal, State and Institutional Guidelines.

---

(Signature)

(Date)