

# 2011-2012 Student Data Form

## The University of Montana Western

**Before aid will be processed, student must complete and return to:**

Montana Western, Financial Aid Office, 710 South Atlantic, Dillon, Montana 59725. Phone (406) 683-7511. Fax: (406) 683-7510

### Student Information

Social Security Number: \_\_\_\_\_

Student ID (8000#) if known: \_\_\_\_\_

Name: \_\_\_\_\_  
Last                      First                      MI

Other Names Used: \_\_\_\_\_

Home Phone: (    ) \_\_\_\_\_ Cell: (    ) \_\_\_\_\_

Student's residence at school for this academic term:

With Parents/Guardian     Dorms     Other

Address while attending school (if known): \_\_\_\_\_  
 \_\_\_\_\_

Please indicate the last year you attended Montana Western.  
 If this is not applicable, please write NA.

Academic Year: 20 \_\_\_\_\_ to 20 \_\_\_\_\_

Last **term** you attended a college or university  
 other than Western: \_\_\_\_\_

Where? \_\_\_\_\_ aid received:  YES  NO

If **married**, date of marriage: \_\_\_\_\_

If **divorced/separated**, date of divorce/separation: \_\_\_\_\_  
 \_\_\_\_\_

Degree sought (BA, BAS, BS, AA, AS, AAS): \_\_\_\_\_

College Major: \_\_\_\_\_  
(Must be in a degree-seeking program to receive financial aid)  
 Do not list "Undecided" or leave blank

Expected graduation for first or next degree (mo/yr): \_\_\_\_\_  
 \_\_\_\_\_

Your classification for tuition purposes:

State Resident                       Out-of-State

No Classification Yet                       WUE

### Enrollment

Mark enrollment for **all** semesters you plan to attend:

**Summer 2011:** \_\_\_\_\_ Full Time (12 or more credits)  
 (May-Aug) \_\_\_\_\_ 3/4 time (9-11 credits)

\_\_\_\_\_ 1/2 time (6-8 credits)  
 \_\_\_\_\_ Less than 1/2 time (1-5 credits)  
 \_\_\_\_\_ Not Attending

**Fall 2011:** \_\_\_\_\_ Full Time    **Spring 2012:** \_\_\_\_\_ Full Time  
 (Aug-Dec) \_\_\_\_\_ 3/4 Time    (Jan-May) \_\_\_\_\_ 3/4 Time

\_\_\_\_\_ 1/2 Time                      \_\_\_\_\_ 1/2 Time  
 \_\_\_\_\_ Less than 1/2                      \_\_\_\_\_ Less than 1/2  
 \_\_\_\_\_ Not Attending                      \_\_\_\_\_ Not Attending

Changes in enrollment **MUST** be reported to the Financial Aid Office

### Resources

Expected funding resources available to meet expenses during the term(s) financial aid is desired. Please give your best estimation.  
 Married students should not include spouse's resources.

Do not leave blank, enter zero if none is expected.

Tuition Waivers                      \$ \_\_\_\_\_

Athletic Scholarships                      \$ \_\_\_\_\_

Scholarships (name sources)                      \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_

Voc-Rehab or other 3<sup>rd</sup> Party Payer                      \$ \_\_\_\_\_

Other Assistance/ Outside Agency  
 Source: \_\_\_\_\_ \$ \_\_\_\_\_

Will you be attending more than one college or university  
 at the same time?                       Yes                       No

Will you be a distance only (online classes) student?  
 Yes                       No

Will you apply for Tribal Higher Ed Assistance?  
 Yes                       No

BIA Office: \_\_\_\_\_

Are you at least 1/4 Native American?  Yes  No  
 (If yes, you **MAY** qualify for a Native American Tuition Waiver)

I sign that the above is true and correct to the best of my knowledge and that I will inform Financial Aid of any changes to my enrollment and/or resource information as soon as I become aware of the new information.

Signature \_\_\_\_\_

Date \_\_\_\_\_