LACC
LOS ANGELES CITY COLLEGE

Financial Aid Office
855 North Vermont Avenue
Los Angeles, CA 90029
Phone (323) 953-4000 Ext. 2025
Fax (323) 953-4013
Email finaid@lacitycollege.edu

2009-2010 QUESTIONNAIRE/EDUCATIONAL GOAL FORM

PART I: QUESTIONNAIRE

_____

Last Name | First Name | MI | Student ID or SSN | Date of Birth

IMPORTANT: Unless you signed-up for Electronic Fund Transfer (EFT), your check will be mailed to the address listed below. Please make sure the Financial Aid Office has your correct address at all times.

_____

Street address | City | State | Zip Code | Phone Number

1. Will you pay child care expenses for dependents (age 12 or under) while attending school? ☐ Yes ☐ No

2. Are you interested in a Federal Work-Study (FWS) job? ☐ Yes ☐ No

3. Are you interested in a Federal Perkins Loan, which must be repaid? ☐ Yes ☐ No
(NOTE: For Federal Direct Loans, you must complete a separate Loan Questionnaire after receipt of an Award Letter)

4. During the 2009-2010 academic year, I plan to: (check one)

☐ Live with my parents or other individuals other than a spouse who will pay my rent

☐ Live on my own or with a spouse (I can provide a copy of my lease/rental agreement, if requested)

PART II: EDUCATIONAL GOAL

INSTRUCTIONS: All students must state their Educational Goal to be eligible for financial aid. An Educational Goal is defined as one or more of the following:

1. Enrolled in a course of study leading to an Associate of Arts or Associate of Science Degree, or
2. Enrolled in a course of study leading to a Certificate upon completion, or
3. Enrolled in a transfer program leading to a baccalaureate degree.

My Educational Goal(s) at Los Angeles City College is/are: ☐ AA Degree ☐ Certificate ☐ Transfer Program

PART III: STUDENT AUTHORIZATION

_____ (Initial here) I authorize the Los Angeles Community College District to deduct from my financial aid funds, including any FSA program fund, the following institutional charges/obligations in addition to current tuition and fees:

• Student Financial Aid Advance/Loan • Book loans • NSF/returned checks including service fees • Library books and fines • Equipment (athletic, chemistry lab, etc) • Prior year enrollment fees • Overpayment of Title IV funds	• Emergency Loan • Associated Student Organization fee • Transcript fees • Student Representation fee • Child Care payment • Prior year drop fees • Health fees

I understand that when I receive my statement, I will have the right to dispute any individual item on the statement. I also understand that I may cancel or modify this authorization at any time. If I cancel or modify this authorization, I cannot participate in Electronic Fund Transfer (EFT) or Direct Mailing of my financial aid funds. I understand that my non-participation in Electronic Fund Transfer (EFT) or Direct Mailing **may delay** the delivery of my financial aid.

I authorize Los Angeles City College to communicate important financial aid information to me via my e-mail address.

_____

Signature | Date | E-mail address