## APPLICATION FOR FINANCIAL AID

## MORRIS COLLEGE

100 West College Street Sumter, South Carolina 29150 (803) 934-3238 or 934-3245

AN APPLICATION FOR FINANCIAL AID IS NOT COMPLETE WITHOUT A FREE APPLICATION FOR FEDERAL STUDENT AID (FAFSA). STUDENTS ARE REMINDED TO MAIL THE FAFSA AS SOON AS POSSIBLE. NO FINANCIAL AID CAN BE AWARDED UNTIL THE SAR HAS BEEN RECEIVED IN THE OFFICE OF FINANCIAL AID. YOU MUST BE ADMITTED BY THE COLLEGE BEFORE AID CAN BE AWARDED. OUR CODE# IS 003439. IT IS HIGHLY RECOMMENDED THAT YOU USE THE IRS RETRIEVAL OPTION ON YOUR FAFSA.

|  | Name   |  | Soc. Sec.#              |             |  |  |  |
|--|--|--|-------------------------|-------------|--|--|--|
|  | Home AddressCity, State, & Zip Code  |  |                         |             |  |  |  |
|  |  |  |                         |             |  |  |  |
| Telephone Number Date of Birth   |  |  |                         |             |  |  |  |
|  | Male Female  |  | Unmarried               | Married     |  |  |  |
|  | E-mail Address:  | Cell #   | <u> </u>                |             |  |  |  |
|  | Educational Information  |  |                         |             |  |  |  |
|  | How will you be classified during the perio  | od covered by this application:  Returning   | Transfor                | Transient   |  |  |  |
|  | Freshman   |  |                         |             |  |  |  |
|  |  |  |                         |             |  |  |  |
|  | What is/was your first period of enrollment  | at Morris?   |                         |             |  |  |  |
|  | When do you expect to graduate from Morn   |  |                         |             |  |  |  |
|  | What is/will be your major?  |  |                         |             |  |  |  |
| Will you be a full-time student during the period covered by this application? if no, number of credit hours |  |  |                         |             |  |  |  |
|  | What period will be covered by this applie   | cation? Fall Spi   | ringSummer I            | Summer I    |  |  |  |
|  | Family Information   |  |                         |             |  |  |  |
|  | A. Name of Parents/Guardians/Spouse  |  |                         |             |  |  |  |
|  | •  |  |                         |             |  |  |  |
|  | A. Name of Parents/Guardians/SpouseB. Address of Parents/Guardians/Spouse  | Mother   |                         |             |  |  |  |
|  | <ul><li>A. Name of Parents/Guardians/Spouse</li><li>B. Address of Parents/Guardians/Spouse</li><li>C. Occupation of: Father</li></ul>  | Mother Yes n South Carolina a year prior to enro   | No                      | Spouse      |  |  |  |
|  | <ul> <li>A. Name of Parents/Guardians/Spouse</li> <li>B. Address of Parents/Guardians/Spouse</li> <li>C. Occupation of: Father</li> <li>D. Are you a citizen of the United States?</li> <li>E. Have you and your family been living in</li> </ul>  | Mother<br>Yes<br>n South Carolina a year prior to enro<br>e Aid)   | No llment? Yes          | Spouse No   |  |  |  |
|  | <ul> <li>A. Name of Parents/Guardians/Spouse</li></ul>   | Mother Yes n South Carolina a year prior to enror e Aid) diate family to attend college?   | No llment? Yes          | Spouse No   |  |  |  |
|  | <ul> <li>A. Name of Parents/Guardians/Spouse</li></ul>   | Mother Yes n South Carolina a year prior to enroge Aid) diate family to attend college?  | Yes                     | Spouse NoNo |  |  |  |
|  | A. Name of Parents/Guardians/Spouse B. Address of Parents/Guardians/Spouse C. Occupation of: Father D. Are you a citizen of the United States? E. Have you and your family been living in (This is to determine eligibility for State) F. Are you the first member of your immed Where do you plan to live during the period College Housing Parenter College Housing | Mother Yes n South Carolina a year prior to enrole Aid) diate family to attend college? d covered by this application? rent's HomeOther (Specificans Benefitsamt./month? \$  | Yes                     | No          |  |  |  |
|  | A. Name of Parents/Guardians/Spouse B. Address of Parents/Guardians/Spouse C. Occupation of: Father D. Are you a citizen of the United States? E. Have you and your family been living in (This is to determine eligibility for State) F. Are you the first member of your immediately where do you plan to live during the period College Housing Parents and programs: Veteral AFDC amt./month \$  | Mother Yes  n South Carolina a year prior to enror e Aid) diate family to attend college? d covered by this application? rent's Home Other (Specifiens Benefits amt./month? \$ Other Benefits. \$                          | No Illment? Yes Yes Yes | NoNo        |  |  |  |
|  | A. Name of Parents/Guardians/Spouse B. Address of Parents/Guardians/Spouse C. Occupation of: Father D. Are you a citizen of the United States? E. Have you and your family been living in (This is to determine eligibility for State) F. Are you the first member of your immed Where do you plan to live during the period College Housing Parenter College Housing | Mother Yes  n South Carolina a year prior to enror e Aid) diate family to attend college? d covered by this application? rent's Home Other (Specifiens Benefits amt./month? \$ Other Benefits. \$                          | No Illment? Yes Yes Yes | NoNo        |  |  |  |
|  | A. Name of Parents/Guardians/Spouse B. Address of Parents/Guardians/Spouse C. Occupation of: Father D. Are you a citizen of the United States? E. Have you and your family been living in (This is to determine eligibility for State) F. Are you the first member of your immediately where do you plan to live during the period College Housing Parents and programs: Veteral AFDC amt./month \$  | Mother Yes n South Carolina a year prior to enrolled e Aid) diate family to attend college? discovered by this application? rent's HomeOther (Specificans Benefits amt./month? \$ Other Benefits. \$ yand give the amount: | No Illment? Yes Yes Yes | NoNo        |  |  |  |

|  | If you are a returning student, please list the                                  | ne Work-Study jobs     | you have h  | neld at Morris College in the past.   |  |
|--|--|------------------------|-------------|---|--|
|  |  |                        |             |   |  |
|  |  |                        |             |   |  |
|  |  |                        |             |   |  |
|  |  |                        |             | -   |  |
|  |  |                        |             |   |  |
|  | Have you previously attended another coll complete the information below:        | ege, university, or te | echnical sc | hool? yes no. If yes, please  |  |
|  |  |                        |             |   |  |
|  | School Name:   |                        | C.          | School Name:  |  |
|  | Address:   |                        |             | Address:  |  |
|  | City & State   |                        |             | City & State  |  |
|  | Date Attended:   |                        |             | Date Attended:  |  |
|  | School Name:   |                        | D.          | School Name:  |  |
|  | Address:   |                        |             | Address:  |  |
|  | City & State   |                        |             | City & State  |  |
|  | Date Attended:   |                        |             | Date Attended:  |  |
|  |  | porrowed in excess of  |             | t on any loan or have made satisfactory arrangements limits, under Title IV programs, at any institution. |  |
|  | I will use all Title IV money received only                                      |                        | l to my stu | dy at MORRIS COLLEGE.   |  |
|  | STATEMENT OF REGISTRATION STA  |                        | r to my sta | ay at Moratas Collision.  |  |
|  | I certify that I am registered v   |                        |             | e Service because   |  |
|  | I am female  | _                      |             | oes not apply to members of the Reserves and Nationa  |  |
| Guard who are not on active duty)  I have not reached my 18th birthday |  |                        |             |   |  |
| I was born before 1960   |  |                        |             |   |  |
|  | I am a resident of the<br>Trust Territory of the I                               |                        |             | a or the Marshall Islands, or a permanent resident of the   |  |
|  |  |                        |             | rrect, and I understand that if I have knowingly falsifie   |  |
|  | rmation, then any financial aid awards that I such awards may have to be repaid. | receive as a result (  | or unis app | lication may be revoked and any funds that I receive as   |  |
| 1  |  |                        |             |   |  |
| 71   |  |                        |             |   |  |

Warning: To receive any Title IV financial aid, you must complete the Statement of Educational Purpose and Certification Statement on Refunds and Default, and you must be registered with Selective Service, if you are required to register. If you purposely give false or misleading information, you may be subject to a fine of up to \$10,000, imprisonment for up to 5 years, or both.