

MOUNT OLIVE COLLEGE

TRANSFORMING EDUCATION.
TRANSFORM YOUR LIFE.

2009 - 2010 FINANCIAL AID SUPPLEMENTAL DATA

STEP 1:

Name _____ SS# _____

Permanent Street Address _____

Post Office Box Address _____ Email address _____

City _____ State _____ Zip _____

Home Phone (____) _____ Work Phone (____) _____

STEP 2:

- I will be enrolled in Mount Olive at (location) _____.

STEP 3:

- Will you be working off-campus while attending Mount Olive College? _____

If yes, will your employer pay any of your expenses? _____

If yes, complete the following:

	Circle One:	Per Year	Per Semester	Per Module
Indicate Amount for Tuition:		\$ _____	\$ _____	\$ _____
Indicate Amount for Books:		\$ _____	\$ _____	\$ _____

Are these employee benefits based on a required grade? _____

If yes, please explain the employee benefits OR supply a copy of the employee benefits for our review. _____

Employer Telephone(____) _____ Employer Name _____

Employer Address _____

Employer Contact (ex: Human Resource Representative) _____

STEP 4:

- Will you be receiving any Vocational Rehabilitation, Veteran Affairs, National Guard, VA Vocational Rehabilitation, or outside scholarship? YES NO

If yes, indicate type and amount: _____

Will this amount be per month, per semester, or total for the year? _____

If you have a letter explaining the scholarship or benefit, please attach a copy of this form.

STEP 5:

- *(The following questions only apply to students who are eligible to receive funds from the Federal Work-Study Program.)*

Are you interested in Federal Work-Study? _____

Please list all special skills you possess: (typing, clerical, data processing, etc) _____

List any particular departments by which you would like to be employed: _____

Would you be willing to work off-campus? _____

Examples: reading tutor at elementary school, assistant at Boy's and Girl's Club, mathematics tutor at local middle school, community service, etc.

I certify that the information on this form is true and correct to the best of my knowledge. If information changes, I will inform the Office of Financial Aid in writing immediately.

Applicant Signature

Date

Complete all statements and return the form to:

Mount Olive College

www.moc.edu