# FINANCIAL AID APPLICATION

**Complete this form and mail to campus you plan to attend.**

Mississippi Gulf Coast Community College

PRIORITY DEADLINE
JUNE 1

Financial Aid Office
**Jackson County Campus**
P.O. Box 100
Gautier, MS 39553
228/497-9602

Financial Aid Office
**Jefferson Davis Campus**
2226 Switzer Road
Gulfport, MS 39507
228/896-2511

Financial Aid Office
**Perkinston Campus**
P.O. Box 548
Perkinston, MS 39573
601/928-6225

☐Male ☐Female  Social Security No. _____ - _____ - _____

Name _____ _____ _____
Last First Middle (Maiden)

Permanent Mailing Address _____
Number and Street (Include Apt. No.)

_____ _____
City State Zip Code County

Local Mailing Address _____
Number and Street (Include Apt. No.)

_____
City State Zip Code

Permanent Home Phone Number: (Area code) (_____)_____ Local Phone Number: _____

Date of Birth _____ 19____ U.S. Citizen: ☐Yes ☐No ***If no, attach copy of registration card showing alien status.***

High School Attended _____ Date or Expected Date of Graduation _____

Which campus of MGCCC do you plan to attend?
☐Jackson County ☐Jefferson Davis ☐Perkinston
☐GCC ☐WHCC ☐Keesler

Where will you live while enrolled at MGCCC?
☐Parents ☐Dormitory ☐Off Campus
☐Other (specify) _____

Do you live with your parents when you are not living in the residence hall? ☐Yes☐No

My program of study will be _____ (Title IV recipients must declare major)
(Major)

**Enrollment Status**
☐Entering ☐Returning ☐Transfer

**Class Standing**
☐1st year ☐2nd year
☐3rd year ☐4th year
Other (indicate) _____

**Semester you will be attending**
☐Fall ☐Spring ☐Summer

| Name of College(s) attended (including any attendance at MGCCC). | City/State/Zip | Date of Attendance | Did You Receive Financial Aid at this School? |
|---|---|---|---|
| _____ | | | ☐ Yes ☐ No |
| _____ | _____ | | ☐ Yes ☐ No |
| _____ | | | ☐ Yes ☐ No |
| _____ | | | ☐ Yes ☐ No |

Attach additional sheet, if needed.

List all awards and scholarships you will receive, such as scholastic and leadership honors (in school, church, and community).

_____

Is there any other pertinent information concerning the immediate family that would be helpful in evaluating applicant's financial need? ☐Yes ☐No Please explain. (Example: unemployment, sickness, two or more attending college, recent death, etc.)

_____

_____

**--over--**

Name _____ _____
Last First

Social Security No. _____ - _____ - _____

**Type of aid requested:**
☐Pell Grant ☐Work-study
☐SEOG ☐Scholarship _____ (type)
☐LEAP ☐Student Loan
☐Other (*specify)* _____

**Do you receive Veterans Benefits?** ☐Yes ☐No
If yes, enter monthly amount $_____
Number of months during school year _____

**NOTE: To be considered for a Pell Grant, SEOG, LEAP, Work-study, or student loan, you must complete the Free Application for Federal Student Aid and submit your student aid report to the financial aid office.**

**Expected graduation date at MGCCC**

Month _____ Year _____
(THIS ITEM **MUST** BE COMPLETED)

**WORK-STUDY APPLICANTS ONLY!**
Make three choices in order of preference of where you would like to work:

| | | |
|---|---|---|
| ☐Art Assistant | ☐Computer Lab | ☐Math Assistant |
| ☐Biology Assistant | ☐Residence Hall Assistant | ☐Music Assistant |
| ☐Bookstore Assistant | ☐English Assistant | ☐Media Assistant |
| ☐Business Assistant | ☐Learning Lab Assistant | ☐Recreation or Intramurals |
| ☐Chemistry Assistant | ☐Library Assistant | ☐Social Studies Assistant |
| ☐Clerical Typist | ☐Maintenance Assistant | ☐Other:_____ *(specify)* |

**Can you type?** ☐Yes ☐No Do you possess computer word processing skills**?** ☐Yes ☐No

**STATEMENT OF EDUCATION 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, an have not borrowed in excess of the loan limits under the title IV Programs, at any institution.

I understand that I cannot receive any aid in excess of my budgeted cost of education.

**Students receiving financial aid who find it necessary to add or drop classes must notify the financial aid office in such action in person and immediately. Necessary adjustments and/or possible refunds/repayments will be handled at that time. Students who change state residency classification also must notify the financial aid office of such action.**

I certify that I will use any money I receive under Title IV, HE loan, grant, work-study, or scholarship program only for expenses related to my study at Mississippi Gulf Coast Community College.

Check the following, as appropriate:
**NOTICE:** You will not receive any financial assistance unless you complete this statement, and, if required, give proof to your school that you are registered with Selective Service.

_____ **I certify that I am not required to be registered with Selective Service, because (check one reason):**
- ☐I am 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 18th birthday.
- ☐ I was born before 1960.
- ☐ I am a citizen of the Federated States of Micronesia, or the Marshall Islands, or a permanent resident of the Trust Territory of the Pacific Islands (Palau).

_____ I certify under penalty of perjury* that I am registered with Selective Service.

*Section 97—959, Mississippi Code of 1972, defines perjury as "Every person willfully and corruptly swear, testify, or affirm falsely to any material
matter under an oath, affirmation, or declaration legally administered in any matter, cause, or proceeding pending in any court of law or equity, or before any officer thereof, or in any cause where an oath or affirmation if required by law or is necessary for the prosecution or defense of any private right or for the ends of public justice, or in any matter or proceeding before any tribunal administrative officer, shall be guilty of perjury, and shall not thereafter be received as a witness to be sworn in any matter whatever, until judgment against him be reversed".

**Signature** _____ **Date** _____

Mississippi Gulf Coast Community College is an Equal Opportunity Employer and welcomes students and employees without regard to race, color, religion, national origin, sex, age or qualified disability. For further information, contact the Equal Opportunity Officer at a Mississippi Gulf Coast Community College Center, Campus, or the Central Office. Compliance is coordinated by the Vice President for Administration and Finance, Perkinston Campus, P. O. Box 609, Perkinston, Mississippi 39573, telephone number 601-928-5211.