

Lawson State Community College

Bessemer Campus
1100 9th Avenue, SW, Bessemer, Alabama 35022
(205) 929-3423

Birmingham Campus
3060 Wilson Road, SW, Birmingham, AL 35221
(205) 929-6380

Financial Aid Student Data Form (Fall – Summer)

1. Name: _____
 3. Student Identification Number: _____ 4. Telephone: _____
 5. Address: _____

City State Zip Code

6. Have you previously attended Bessemer State or Lawson State? ___ Yes ___ No

7. Do you have a high school diploma or GED? ___ Yes ___ No
 If "No," please ask for further instructions. (Students with certificates of completion should also ask for instructions.)

8. Enrollment Plans:

Fall	Spring	Summer
___ full time	___ full time	___ full time
___ ¾ time	___ ¾ time	___ ¾ time
___ ½ time	___ ½ time	___ ½ time
___ less than ½ time	___ less than ½ time	___ less than ½ time
___ will not enroll	___ will not enroll	___ will not enroll

(Full time is 12 or more credit hours; ¾ time is 9 – 11 credit hours; ½ time is 6-8 credit hours; less than half time is anything below 6 hours.)

9. During this academic year, where will you live? (Check One)
 ___ with parents ___ with relatives (other than spouse) or friend ___ in your own apartment or home

10. If you qualify for employment in the Federal Work-Study Program, are you interested in being placed in a position? ___ Yes ___ No
 If you answered "Yes," what special skills or aptitudes do you possess (typing, clerical, food service, etc.)?

11. Have you attended any other college, university, proprietary, community, or technical school? ___ Yes ___ No

School Name	Dates Attended	Degree Received	Financial Aid Received	NSLDS/FAT

12. Will you receive any of the following types of assistance?

Types of Assistance	Yes	No	Amount	Source
Scholarship				
Tuition assistance from employer				
Vocational rehabilitation benefits				
Veteran's benefits				
WIA benefits				
Other				

13. Expected Graduation Date: ___ Month ___ Year

___ CHECK HERE IF YOU PLAN TO USE FINANCIAL AID TO PURCHASE BOOKS AND/OR SUPPLIES.

My signature authorizes Lawson State Community College to withhold payment for college charges from my Federal Pell Grant (or other financial aid) payment. A copy of expenditures will be given to me by the bookstore at the time I make charges. I acknowledge that I need to retain these receipts for tax purposes. I understand that federal funds must only be used for payment of eligible courses within my program of study. I understand that if I increase or decrease the number of credit hours from the level on which my award is based, the college will adjust the amount of money I owe for tuition and fees, which may affect the amount of the grant or the scholarship to which I am entitled. I agree to make payment to the college for all charges in excess of my approved financial aid award. I acknowledge that I may rescind this statement at any time by submitting a written statement to the Office of Student Financial Services canceling this agreement.

My signature below affirms that the information I have provided on the Student Data Form is correct and complete.

SIGNATURE: _____ DATE: _____

