



# STUDENT DATA FORM

## 2017-2018

New Student:

Planned Entry Date: \_\_\_\_\_

Continuing/Returning Student:

Original Entry Date: \_\_\_\_\_

**\*YOUR CAREER MAJOR/PROGRAM NAME:** \_\_\_\_\_

*(CAREER MAJOR/PROGRAM NAME MUST BE LISTED TO RECEIVE AN OFFER/AWARD LETTER)*

*(Contact your Counselor or refer to the MTC Catalog or Fulltime Programs/Career Majors at [www.metrotech.edu](http://www.metrotech.edu) for specific Program/Career Major name)*

Student's Last Name

Student's First Name

Student's M.I

Student's Social Security Number

Student's Street Address (include apt. no.)

Student's Date of Birth

City

State

Zip Code

Student's Email Address

Student's Home Phone Number (include area code)

Student's Alternate or Cell Phone Number

### Which of the following do you have for High School Completion?

GED

High School Diploma

Home School Diploma

Other  Please explain \_\_\_\_\_

Foreign High School Diploma

*\*\*Note: If you have a foreign high school diploma, it must be translated and evaluated, and a copy to financial aid off.*

**\*\*Are you eligible or think you are eligible for Oklahoma Promise, formally known as OHLAP?**

**\*UNUSUAL CIRCUMSTANCES: IF YOU FEEL THAT YOUR 2017/2018 FAFSA AND 2015 INCOME PRESENTS AN UNREALISTIC PICTURE OF YOUR FAMILY'S CURRENT FINANCIAL STRENGTH/STATUS: PLEASE CALL THE FINANCIAL AID OFFICE AT 595-4446, 595-4436, OR 595-4457 AND REQUEST A "REQUEST FOR PROFESSIONAL JUDGMENT FORM". ONCE RECEIVED, COMPLETE THE DOCUMENT IN FULL, AND CALL 595-4446 or 595-4436 AND SCHEDULE AN APPOINTMENT TO HAVE YOUR INFORMATION REVIEWED BY THE FINANCIAL AID OFFICERS TO DETERMINE IF YOUR 17/18 EXPECTED FAMILY CONTRIBUTION CAN BE RECALCULATED.**

#### **\*\*Authorization:**

By affixing my signature below, I acknowledge the following factors affecting my financial aid award. (1) I authorize the financial aid office to discuss any information on this or other forms with other scholarship or need analysis agencies, previous college attended, other funding agencies, providing this communication is necessary to process my application properly. (2) I consent to release to the financial aid office information pertaining to financial aid previously received from any source. (3) I will notify the financial aid office of any change in my or my family's financial status that may occur after filing this application. (4) I certify that the information contained herein is true and correct to the best of my knowledge. In addition I certify that I do not owe money back on any grant or loan. I am not in default on any federal student loan or if so, I have made satisfactory arrangements to repay the loan. I have not borrowed in excess of the loan limits under the Title IV programs at any institution. I certify that I will not use any funds received from the Title IV student financial aid programs and/or from the Oklahoma State Regents for Higher Education, except for expenses related to attendance at Metro Technology Centers.

Applicant

Date Signed

Spouse

Date Signed

Parent or Guardian

Date Signed

Metro Technology Centers believes in the worth of all individuals and is committed to equal opportunity for each employee, student or any person visiting a District campus. Metro Technology Centers does not discriminate on the basis of race, color, national origin, sex/gender, age, marital or veteran status, religion, pregnancy, or genetic information or disability in recruitment, hiring, placement, assignment to work tasks, hours of employment, levels of responsibility, and pay.

**RETURN THESE FORMS TO THE MTC FINANCIAL AID OFFICE AT 1900 SPRINGLAKE DRIVE, OKLA. CITY, OK, 73111**