

The University of Montana Western

2017-2018 Student Data Form

Before aid will be processed, student must complete and return to:

Montana Western, Financial Aid Office, 710 South Atlantic, Dillon, Montana 59725 Phone (406) 683-7511 Fax: (406) 683-7510

Student Information

Social Security Number: _____

Student ID (8000#) if known: _____

Name: _____
Last First MI

Other Names Used: _____

Home Phone: () _____ Cell: () _____

Student's residence at school for this academic year:

With Parents/Guardian Dorms Other

Please indicate the last year you attended Montana Western.
If this is not applicable, please write NA.

Academic Year: 20 _____ to 20 _____

Last term you attended a college or university
other than Western: _____

Where? _____ aid received: YES NO

Degree sought (BA, BAS, BS, AA, AS, AAS): _____

College Major: _____
(Must be in a degree-seeking program to receive financial aid)
Do not list "Undecided" or leave blank

Expected graduation for first or next degree (mo/yr):

Your classification for tuition purposes:

State Resident Out-of-State

No Classification Yet WUE

Enrollment

Mark enrollment for all semesters:

The following impacts your financial aid package & disbursement - failure to report changes to enrollment may cause an underpayment or an overpayment for which you will be responsible for.

Full Time 12 or more credits
3/4 time 9-11 credits
1/2 time 6-8 credits
Less than 1/2 time 1-5 credits

Summer 2017:

Full Time
 3/4 Time
 1/2 Time
 Less Than 1/2
 Not Attending

Fall 2017:

Full Time
 3/4 Time
 1/2 Time
 Less than 1/2
 Not Attending

Spring 2018:

Full Time
 3/4 Time
 1/2 Time
 Less than 1/2
 Not Attending

Changes in enrollment **MUST** be reported to the Financial Aid Office

Resources

Expected funding resources available to meet expenses during the term(s) financial aid is desired. Please give your best estimation.
Married students should not include spouse's resources.

Do not leave blank, enter zero if none is expected.

Tuition Waivers \$ _____

Athletic Scholarships \$ _____

RA Room and Board Scholarships (name sources) \$ _____

_____ \$ _____

_____ \$ _____

Voc-Rehab or other 3rd Party Payer \$ _____

Other Assistance/ Outside Agency Source: _____ \$ _____

Will you be attending more than one college or university at the same time? Yes No

Will you be a distance only (online classes) student? Yes No

Will you apply for Tribal Higher Ed Assistance? Yes No

Are you at least 1/4 Native American? Yes No

(If yes, you MAY qualify for a Native American Tuition Waiver)

I sign that the above is true and correct to the best of my knowledge and that I will inform Financial Aid of any changes to my enrollment and/or resource information as soon as I become aware of the new information.

Signature _____

Date _____