



Session: 2111  
Track Code: 01

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SOCIAL SECURITY NUMBER				
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MPC STUDENT'S ID NUMBER				

## 2011—2012 Student Information Form

### SECTION A: STUDENT INFORMATION

Last Name	First Name	MI	Other Names Used at MPC	
Current Address		City	State	Zip Code
				Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Home Phone	Cell Phone	Work Phone		
MPC Email Address	Other Email Address		Date of Birth (M/D/Y)	
@mpc.edu /	@			

### SECTION B: LIVING ARRANGEMENTS

Your living arrangement for the school year 2011-2012 (check one):

- |   |   |
|---|---|
| <input type="checkbox"/> Renting a room, apartment, condominium, or house | <input type="checkbox"/> Military Housing   |
| <input type="checkbox"/> Living with parents, guardian, relatives         | <input type="checkbox"/> Living with parents, guardian, relatives, or a roommate and<br><i>Sharing the expenses of the household.</i> |
| <input type="checkbox"/> Other: _____                                     |   |

### SECTION C: FINANCIAL RESOURCES

Will you be receiving any additional monies during 2011-2012? \_\_\_ Yes \_\_\_ No If YES, indicate total MONTHLY amount:

Scholarship: \$ \_\_\_\_\_ and name: \_\_\_\_\_ Cal Works Books: \$ \_\_\_\_\_  
 Department of Vocational Rehabilitation: \$ \_\_\_\_\_ Cal Works Work-Study: \$ \_\_\_\_\_  
 Other: \$ \_\_\_\_\_ and name: \_\_\_\_\_

While attending MPC during 2011-2012, will you be required to pay dependent care (child, adult ) expenses? \_\_\_ Yes \_\_\_ No

If YES, please state the amount you will be paying: \$ \_\_\_\_\_/month

Will part of the child care expenses be paid by an outside agency?  Yes  No What is the amount \$ \_\_\_\_\_/

### SECTION D: STUDENT CERTIFICATION

I certify that all information contained on this Student Information Form is true, complete, and accurate to the best of my knowledge.

WARNING: Any false statements or misrepresentations will be cause for denial, reduction, withdrawal, and/or repayment of Financial Aid and may subject the filer to a fine, imprisonment, or both--under provision of the U.S. Criminal Code.

\_\_\_\_ (Please Initial) I hereby authorize the Fiscal Services Department at Monterey Peninsula College to apply any proceeds of my Financial Aid monies to outstanding Institutional Charges, which I incurred during my attendance at Monterey Peninsula College.

\_\_\_\_ (Please Initial) I acknowledge that if my checks are mailed to me, the address that I have listed at Admissions and Records will be used.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_