



OFFICE OF STUDENT FINANCIAL ASSISTANCE

366 Luna Drive • Las Vegas, NM 87701

(505) 454-2560 • (800) 588-7232 ext. 1036 • FAX: (505) 454-2539 • EMAIL: finaid@luna.edu

2016 - 2017
INSTITUTIONAL REQUEST FORM

NOTE: All Questions Must Be Answered!

STUDENT'S NAME: (Print) SSN or LCC ID:

1. Do you have a High School Diploma? YES NO OR GED? YES NO

If YES, when did you receive it? 1. Month Year

2. Did you graduate from a New Mexico high school? YES NO

If YES, what is the name of the high school?

3. Have you ever attended another college or university? YES NO

If YES, where did you attend?

4. Do you have a Bachelor's Degree? YES NO

5. Please provide your telephone number: ( ) -

6. Where will you live while attending LCC during the 2016-2017 school year?

- I WILL live with my parent(s).
I WILL NOT live with my parent(s). (On my own or home away from my parent(s))
I will live on the NMHU campus. (In the residential hall)

7. Indicate below your intended program of study:

- ASSOCIATE DEGREE (specify name of program)
CERTIFICATE (specify name of program)

8. List two people (parent, spouse, relative, or friend) who will always be able to contact you.

1. Name Relationship Telephone No:
2. Name Relationship Telephone No:

By my signature below, I certify that all the information reported on this form to qualify for Federal and State Student Financial Assistance is complete and correct.

Signature: Date:

WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or bot.