



2017-2018 Institutional Request

FINANCIAL AID OFFICE

366 Luna Drive • Las Vegas, NM 87701
(505) 454-2560 • (800) 588-7232 ext. 1036
FAX: (505) 454-2539 • EMAIL: finaid@luna.edu

Please read the entire form, complete ALL sections, and return to the Financial Aid Office. By law, Luna Community College has the right to request this information before awarding financial aid. *Incomplete worksheets and documentation will cause delays in processing your financial aid. No determination of aid eligibility can be made until all documents are received and reviewed.* **Warning: If you purposely give false or misleading information on this form, you may be fined, be sentenced to jail, or both.**

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

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

If YES, when did you receive it? _____ / _____
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 2017-2018 school year?

- I **WILL** live with my parents
- 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 _____ Telephone No: _____
- 2. Name _____ Telephone No: _____

By my signature below, I certify that all the information reported on this form is complete and correct.

Signature: _____ Date: _____