



Office of Student Financial Assistance

366 Luna Dr. • Las Vegas, NM 87701

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2013 - 2014

INSTITUTIONAL REQUEST FORM

NOTE: All Questions Must Be Answered!

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 home telephone number: () -
6. Where will you live while attending LCC during the 2013-2014 school year?
I will live with my parents.
I will NOT live with my parents. I will live in an apartment or home away from my parents.
I will live in the residential hall on the NMHU campus.
7. Indicate below your intended program of study:
ASSOCIATE DEGREE (specify name of program)
CERTIFICATE (specify name of program)
8. List a parent and one additional 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: _____

I wish to have my ADDRESS/TELEPHONE NUMBER changed to:

Name
New Address:
City/State/Zip:
Telephone Number:

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