WESTMONT

2018-2019 Financial Aid Data Sheet

Last Name (Print) _____ First Name _____ MI _____ Permanent Address _____

Email Address _____ City/State/Zip _____

Westmont ID Number OR Last 4 Digits of Soc. Sec. Number _____ Birthdate _____ Permanent Telephone _____ Cell Phone _____

Please complete all items, indicating -0- or N/A where appropriate.
Do not leave any item blank. Incomplete or unsigned forms will be returned to you.
Please note that we do not retain copies of returned items.

---

1. I am a:

- ◯ New Westmont Student
- ◯ Continuing Westmont Student from 2017-2018
- ◯ Returning Westmont Student (did not attend in 2017-2018)

2. At the beginning of the 2018-2019 academic year, I will be classified as a:

- ◯ Freshman (0 - 25 units completed)
- ◯ Sophomore (26 - 58 units completed)
- ◯ Junior (59 - 91 units completed)
- ◯ Senior (92 or more units completed)
- ◯ Teacher Credential Student

3. I plan to live (please provide answers for each semester in which you plan to enroll at Westmont):

Fall	Spring
◯ Campus Housing	◯ Campus Housing
◯ Ocean View Apartment	◯ Ocean View Apartment
◯ Parents'/Relatives' Home	◯ Parents'/Relatives' Home
◯ Other off-campus housing	◯ Other off-campus housing
◯ Global Leadership Center	◯ Global Leadership Center
◯ Study Abroad (please specify which program)	◯ Study Abroad (please specify which program)
_____	_____

4. The approximate number of units in which I will enroll for each semester/term is (full-time status requires a minimum of 12 units; please enter -0- where appropriate; contact your academic advisor if you need assistance):

_____ Fall Semester 2018

_____ Spring Semester 2019

5. My expected graduation date from Westmont is (month/year):

_____

6. As of today, I'm considering majoring in:

_____

7. Please list all other educational institutions that you have attended (or will attend) after June 30, 2018. Do not list institutions that you will attend through an approved study abroad program. If Westmont is the only institution you will attend after June 30, 2018, check this box. ☐

_____

8. I expect to receive the following assistance:

☐ Employer-Provided Tuition Assistance
Please identify **source(s) and annual amounts**:

_____

_____

☐ Outside Assistance (private scholarships, National Merit, ROTC, veteran's benefits, etc. Do not include funds awarded by Westmont). Please identify **source(s) and annual amounts**:

_____

_____

☐ Other Westmont Scholarships (e.g., music, athletics, etc)
Please identify **source(s) and annual amounts**

_____

I certify that the information contained on this form is true and correct and agree to promptly notify the Office of Financial Aid of any changes.

Student's signature _____ Date _____