



WESTMONT

2022-2023 Financial Aid Data Sheet

Last Name (Print)

First Name

MI

Email Address

Westmont ID Number OR
Last 4 Digits of SSN

Birthdate

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.

If you have any questions, contact our Financial Aid Help Line at 888-963-4624.

1. I am a:

- New Student
- Continuing Student from 2021-2022
- Returning Student (did not attend in 2021-2022)

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

2. At the beginning of the 2022-2023 academic year, I will be classified as a:

- | | |
|--|--|
| <input type="radio"/> Freshman
(0-25 units completed) | <input type="radio"/> Sophomore
(26-58 units completed) |
| <input type="radio"/> Junior
(59-91 units completed) | <input type="radio"/> Senior
(92 or more units completed) |
| <input type="radio"/> Teacher Credential Student | <input type="radio"/> Nursing Program Student |

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

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

Fall

Spring

- | | |
|---|---|
| <input type="radio"/> Global Leadership Center
Meal Plan (Y/N) _____ | <input type="radio"/> Global Leadership Center
Meal Plan (Y/N) _____ |
| <input type="radio"/> Other On-Campus Housing | <input type="radio"/> Other On-Campus Housing |
| <input type="radio"/> Ocean View Apartment
Meal Plan (Y/N) _____ | <input type="radio"/> Ocean View Apartment
Meal Plan (Y/N) _____ |
| <input type="radio"/> Parents'/Relatives' Home | <input type="radio"/> Parents'/Relatives' Home |
| <input type="radio"/> Other Off-Campus Housing | <input type="radio"/> Other Off-Campus Housing |
| <input type="radio"/> Study Abroad (please specify which program) | <input type="radio"/> Study Abroad (please specify which program) |

7. Check this box if Westmont is the only institution you will attend after June 30, 2022.

If you will attend (or have attended) any other educational institution(s) after June 30, 2022 please list them below. Do not list institutions that you will attend through an approved study abroad program.

8. I expect to receive the following assistance:

- 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 amount:

9. Select only one of the following:

- My parents and I are not interested in need-based financial aid or parent or student loans.
- I intend to complete the FAFSA (or have already done so) in order to apply for need-based financial aid and student and/or parent loans.
I intend to complete the FAFSA, but do not wish to be considered for need-based financial aid. I only want to be considered for unsubsidized student loans and/or the Parent PLUS Loan.

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 2022

_____ Spring 2023

_____ Summer 2023 (ABSN (nursing) students only)

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