



# WESTMONT

## 2023-2024 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 Student Financial Services Help Line at 888-963-4624.*

**1. I am a:**

- New Student
- Continuing Student from 2022-2023
- Returning Student (did not attend in 2022-2023)

**2. At the beginning of the 2023-2024 academic year, I will be classified as a:**

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

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

**Fall**

- Global Leadership Center  
Meal Plan (Y/N) \_\_\_\_\_
- Other On-Campus Housing
- Ocean View Apartment  
Meal Plan (Y/N) \_\_\_\_\_
- Parents'/Relatives' Home
- Other Off-Campus Housing
- Study Abroad (please specify which program)

**Spring**

- Global Leadership Center  
Meal Plan (Y/N) \_\_\_\_\_
- Other On-Campus Housing
- Ocean View Apartment  
Meal Plan (Y/N) \_\_\_\_\_
- Parents'/Relatives' Home
- Other Off-Campus Housing
- 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 2023

\_\_\_\_ Spring 2024

\_\_\_\_ Summer 2024 (ABSN (nursing) students only)

**5. My expected graduation date from Westmont is**

**(month/year):**

\_\_\_\_\_

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

\_\_\_\_\_

**7. Check this box if Westmont is the only institution you will attend after June 30, 2023.**

**If you will attend (or have attended) any other educational institution(s) after June 30, 2023 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.

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

\_\_\_\_\_  
Student's signature

\_\_\_\_\_  
Date