



# WESTMONT

## 2019-2020 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 2018-2019
- Returning Student (did not attend in 2018-2019)

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

\_\_\_\_\_

**2. At the beginning of the 2019-2020 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         |  |

**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, 2019.**

**If you will attend (or have attended) any other educational institution(s) after June 30, 2019 please list them below. Do not list institutions that you will attend through an approved study abroad program.**

\_\_\_\_\_

**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<br>Meal Plan (Y/N) _____ | <input type="radio"/> Global Leadership Center<br>Meal Plan (Y/N) _____ |
| <input type="radio"/> Other On-Campus Housing                           | <input type="radio"/> Other On-Campus Housing                           |
| <input type="radio"/> Ocean View Apartment<br>Meal Plan (Y/N) _____     | <input type="radio"/> Ocean View Apartment<br>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)       |

**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:

\_\_\_\_\_

\_\_\_\_\_

**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 2019

\_\_\_\_\_ Spring Semester 2020

**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 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