



IRVINE VALLEY COLLEGE

Financial Aid Office

5500 Irvine Center Drive, Irvine, CA 92618

(949) 451-5287

2008-2009

IVC FINANCIAL AID SUPPLEMENTAL FORM

Student Last Name: _____ First: _____

Social Security Number: _____ IVC ID#: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone:(_____) _____ Message Phone:(_____) _____

Birth Date: _____

List **all** trade/vocational/technical schools, colleges or universities previously attended or currently attending. You should request official academic transcripts be sent to the IVC Admission/Records Office for each school previously attended.

Also, please list any other schools you plan to attend in 2008-2009:

School(s)	City/State	Dates Attended	Total Number of Units Completed

Did you apply for or receive financial aid at IVC during:

2005-06 [] YES [] NO 2006-07 [] YES [] NO 2007-08 [] YES [] NO

Do you have a bachelor's degree? [] YES [] NO
If yes, when did you receive your BA degree? Date: _____

Do you have a high school diploma or GED? [] YES [] NO

Are you currently in high school? [] YES [] NO
If yes, when will you graduate from high school? Date: _____

Do you live with your parents? [] YES [] NO

Are you receiving veteran's benefits? [] YES [] NO

Are you applying for or receiving financial aid at any other schools for 2008-2009? [] YES [] NO

Will you be paying child or dependent care costs during the 2008-2009 school year? [] YES [] NO
If yes, how much per month? \$ _____ For _____ # of months

When do you plan to finish at Irvine Valley College? Date: _____
Month/Year

I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE THE INFORMATION PROVIDED ON THIS FORM IS TRUE AND CORRECT.

STUDENT SIGNATURE: _____ DATE: _____