



Snow College Supplemental Application 2008-2009

(Please attach a legible copy of your current driver's license)

Location of Attendance:

- Snow College Main Campus
- Snow Richfield Campus

Student Name: _____ Social Security # _____

Permanent Address: _____
Street City State Zip

Home telephone # _____ Cell telephone # _____

Email Address: _____

Snow College box # _____ Birthdate: _____

Are you receiving any financial assistance from the following sources during the academic year?

- BIA or Tribal Grants
- Vocational Rehabilitation Assistance
- Scholarships/State Tuition Waivers
- DWFS or State Agency
- Faculty/Staff Tuition Waivers
- Other _____
- Gear Up Grant

Are you a regular student, enrolled in an eligible program for the purpose of seeking a degree?

Yes No

I hereby authorize Snow College to release the proceeds of my financial aid via Electronic Funds Transfer (EFT), to apply such funds to my account with said college to any outside debts and non-institutional funds for the application enrollment period for which I have been billed, and release any remaining proceeds to me.

I hereby authorize Snow College to release information regarding my records, or copies of said records, to any organization or institution which will provide financial assistance to me, and/or to those institutions or agencies necessary for Snow College to correlate or calculate my award.

Applicant's signature: _____ Date: _____