



OFFICE OF FINANCIAL AID

SOUTHEAST ARKANSAS COLLEGE

Phone (870) 543-5909 FAX (870) 850-8516 E-mail: finaid@seark.edu

DATA FORM

Student ID number: _____

Please Print

Form with fields for Last Name, First Name, M.I., Maiden, Phone, Alternate Phone, Birth Date, Street, City, State, Zip Code, SS#, E-mail, and Alternate e-mail.

Please list ALL colleges, universities, vocational/technical or proprietary schools you have previously attended. If never attended, write NONE. List the city, state (where located) and last term of enrollment (Don't forget to include SEARK if you have attended here).

Table with 4 columns: Name of Institution, Location (City, State), and Last Term of Enrollment.

Be sure to request all official academic transcripts from each institution attended.

Do you have a high school diploma or GED? [] High school [] GED Date Received: _____ Month _____ Year

What is your Program/Major? _____ Will you be graduating this semester? [] Yes [] No

Form with checkboxes for Type of Degree (Associate Degree, Technical Certificate) and a note about Pell Grant and Federal Direct Student loan funding eligibility.

Note: Students are required to satisfy any debt owed to Southeast Arkansas College before any refunds are released.

I authorize Southeast Arkansas College to credit any and all financial aid funds to my account in order to pay the total cost of tuition, book, and fee expenses I incur as a student. You may rescind this authorization at any time during the award year by submitting written notification to the SEARK Financial Aid Office.

Signature _____

Date _____