

## **PROJECT AIM APPLICATION**



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NAME:			
Last	First	MI	Suffix (Jr., Sr. III)
ADDRESS:Street Address/PO Box			
Street Address/PO Box	City	State	Zip Code
HOME PHONE:	CELL PHONE:		
SSN:	STUDENT ID:	DOB:	
GENDER: M F Other (plea	se identify)		
U.S. CITIZEN: Y N If no, are y	ou a permanent resident?	en#	
MARITAL STATUS: Married S	Single Separated Divorced		
ETHNICITY: American Indian / Alask	kan	n or Pacific Islander Hispar	nic White
WCC E-MAIL:	ALTERNATE E-MAIL:		
EMERGENCY CONTACT:			
Name	Relationship	Phone Nui	mber
PROGRAM OF STUDY AT WCC:	Do you plan to trai	nsfer to a four-year school?	]y
ELIGIBILITY:			
Did either parent / guardian graduat	e from a four year college / university?	$\square$ Y $\square$ N	
• •	ıl, mental, learni <u>ng</u> or e <u>mo</u> tional disability	/? □Y □ N	
Are you registered with WCC Disabi	ility Services? Y N		
•	│		
INCOME VERIFICATION: (Independe	ent student use own information/ depend	lent student will use narent ir	nformation)
Did your family file a Federal Tax Re		one otacine will doc parent in	mormation,
Total number of family members living	ing in household (include yourself and p		
	(Taxable income is the inc		
	Tax Return Form1040 EZ Line 6; Form 10 a Federal Income Tax Return, your taxab		<b>9 2</b>
if you of your failing bib NOT file	a receial income rax Keturn, your taxat	he income is \$0	
IF AVAILABLE, PLEASE ATTACH A IRS TAX TRANSCRIPT.	COPY OF YOUR MOST RECENT FEDER.	AL INCOME TAX RETURN AN	ND/OR PRINT YOU
I hereby certify that the above inform	mation is true and correct to the best of r	ny knowledge.	
Lauthorize Wytheville Community C	college to release any information reques	ted from my student accoun	t including Financi
	al Foundation Office to the Student Supp		
	on information with WCC including the al or statements to be used by SSS for pro		
STUDENT SIGNATURE	Parental Signature (Rec	<sub>luired</sub> <mark>if student used parental ta</mark>	<u>k into for FAFSA)</u>