Financial Aid
Complete and return to:
Bates Technical College, Financial Aid Office, Room M208
1101 S. Yakima Ave., Tacoma, WA 98405-4895

Instructions to complete this form:
1. Please complete all data on this form. Incomplete forms will not be accepted.
2. Please submit signed affidavit.
3. Any other requested documents (i.e. High school Diploma, GED, Tentative Start Date) should be submitted with this Data Sheet.

Name ___________________________ Previous Last Name(s) _________________________
Last, First, Middle Initial

Student ID Number (if known) ____________________________

Address ___________________________ Phone ___________________________

Where will you live while attending college during 2015 – 2016?
☐ with parents  ☐ with spouse  ☐ alone  ☐ with roommate  ☐ with children

How much do you pay for housing per month? $__________

Are you currently working?  ☐ No  ☐ Yes

If you are married, is your spouse currently working?  ☐ No  ☐ Yes

Have you received Financial Aid (i.e. Loans, Pell, SNG) at another college during the 2015-2016 school year?  ☐ No  ☐ Yes

Have you received:  ☐ High School Diploma  ☐ GED  ☐ None

What month and year did you first reside in Washington State? _____/__________________

Priority Processing Deadlines

Fall Quarter: June 8th, 2015  Winter Quarter: October 19th, 2015
Spring Quarter: January 12th, 2016  Summer Quarter: April 18th, 2016

June 8th, 2015
Fall Quarter Priority Deadline

We recommend completing your WASFA by April 30, 2015.* Any applications completed after this deadline are processed on a first-come, first-served basis after all priority files are reviewed.

*Priority Processing Deadlines
HOUSHELD INFORMATION

DEPENDENT STUDENTS: List the people that your parents will support between July 1, 2015 and June 30, 2016. (Include yourself, your parents, and your parent’s children living in your household.)

INDEPENDENT STUDENTS: List the people you will support between July 1, 2015 and June 30, 2016. (Include yourself, your legal spouse, and your children who are living with you.)

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<tr>
<th>NAME</th>
<th>AGE</th>
<th>RELATIONSHIP</th>
<th>COLLEGE (if half-time attendance or more)</th>
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CONTACT INFORMATION

NOTE: All applicants must complete this section

If you are a dependent student: please include your parent(s). If your parents are deceased, please provide the information of your closest relative/friend who would know how to contact you.

If you are an independent student: please list your parent(s), a sibling, or a close friend or relative who would know how to contact you.

CONTACT’S NAME: ______________________________________
RELATIONSHIP TO YOU: _________________________________
ADDRESS: ____________________________________________
____________________________________________________
____________________________________________________
TELEPHONE: ____________________________

Remember to read and sign pages 3 and 4!

Qualitative Standards

At the end of each quarter, all students receiving state aid must be in good standing with the college and maintain a minimum cumulative GPA of 2.0 or higher. Students who fail to meet this standard may be placed on “warning” status for one quarter. Students are still eligible to receive financial aid while on warning.

Quantitative Standards

At the end of each quarter, students must have completed at least half of the credits for which their financial aid was awarded. Any student who does not complete at least half of the credits for which they received aid will be suspended.

Financial Aid Warning

The student will be placed on warning if they complete greater than half, but less than full credits for which they were awarded.
A student in warning status is eligible to receive aid the following quarter, but must successfully complete 100 percent of the credits required for his/her enrollment level. For example, if awarded at full time (12 or more credits per quarter), a student on warning must complete no fewer than 12 credits in the consecutive quarter. A student who fails to do this will be placed on suspension.

Financial Aid Suspension

A student will be suspended if, while on warning, they again fail to complete the minimum number of credits for which their financial aid was received. A student will also be suspended any time they fail to complete at least half of the credits for which their financial aid was received. Students who are in suspended status are ineligible to receive SNG, SWS, CBS, PPS, for future quarters.

Maximum Time Limit

Washington State aid (SNG/SWS/CBS/PPS) recipients may not exceed 125 percent of the published length of their program. All attempted credits are included in this count, as are transfer credits, whether or not you received financial aid for them. If a student is still completing degree requirements beyond 125 percent of their program requirements, they will not be eligible to receive SNG, SWS, CBS, and PPS. State Need Grant will not be awarded if a student has received five years of term usage.

Student Signature ____________________________ Date ________________
Statement of Eligibility and Educational Purpose: (All students must read and sign this statement.)

I understand that I must be a Washington State resident to receive the Washington State Need Grant, in accordance with RCW 28B.15.011.013; and that if I do receive the Washington State Need Grant, I must be registered as at least a half-time under-graduate student.

I understand that I must be enrolled in an eligible certificate or diploma program. I understand I must make Satisfactory Academic Progress (as defined by this institution, (see Satisfactory Academic Progress Policy) toward completion of my certificate or diploma in order to remain eligible for any aid that I might be awarded and that I must not be pursuing a degree in theology.

I understand that I must report to the Financial Aid Office any drop in enrollment or upon withdrawal from this institution. I also understand that I may owe a repayment or a refund as a result of withdrawing from this institution and agree to pay either or both.

I affirm that the information provided in this application and other financial aid documents is true and correct to the best of my knowledge.

I will use financial aid money received only for expenses related to my study at Bates Technical College. Should I withdraw from classes, repayment of all or part of the grant may be required.

I understand that when I am able, I can voluntarily make financial contributions to the Higher Education Coordinating Board in recognition of a Washington State Need Grant I have received, and that these gifts will be used to provide financial assistance to other students.

I agree to notify the Financial Aid Office immediately of any changes in my address, phone number, or in my financial status.

I do not owe a refund or repayment on a State Need Grant.

I agree to use the Secure Financial Aid online and phone processes. If you do not agree, please contact us regarding alternative methods of communication. If you do agree, you can rescind your permission at any time by contacting us.

My signature below signifies that I agree to the Conditions of Award, that I have read and understand the Satisfactory Academic Progress criteria, and that I authorize tuition/fee payment from my award(s).

Student Signature _____________________________________________________________ Date ______________________

*June 8th, 2015 Fall Quarter Priority Deadline

Any applications completed after this deadline are processed on a first-come, first-served basis after all priority files are reviewed.