



DC-CAP Financial Aid Form for Non-US Citizens

DISTRICT OF COLUMBIA
COLLEGE ACCESS PROGRAM

The financial information requested is solely for the basis of determining eligibility for the DC-College Access Program's Last Dollar Award calculation. In order to be eligible for these resources, the student must be enrolled for a minimum of twelve (12) credit hours every semester. Along with this form, you will need to submit a semester bill and an "Authorization Form," which will allow us to collect enrollment and grade information each semester. DC-CAP is a non-profit organization and is funded by private resources. We are not affiliated with any local, state or federal government agency and receive no funds from any of these entities. All information collected is confidential and remains in the custody of the DC-CAP.

A. STUDENT INFORMATION

| | | | | | |
|--|-------|------------|-----------------|---------------------------------|-----|
| Last Name | | First Name | M.I | Social Security Number | |
| Address (Include Apt No) | | | | Date of Birth | Age |
| City | State | Zip Code | | | |
| Telephone Number (include area code) | | | | Email Address | |
| DC Public/Charter High School Attended | | | Graduation Date | College or University Attending | |

Check the box that applies to your current citizenship status.

- I am a US Citizen **
- I am a Permanent Resident of the United States **
- I am a Temporary Resident of the United States
- I am not a US Citizen nor a Permanent Resident of the United States

**** YOU MAY BE ELIGIBLE TO RECEIVE FEDERAL ASSISTANCE. YOU WILL NEED TO COMPLETE THE FREE APPLICATION FOR FEDERAL STUDENT AID (FAFSA), TO BE CONSIDERED FOR FEDERAL FINANCIAL AID.****

What languages are spoken in your home?

Primary Language: _____ Secondary Language (s): _____

Of the languages indicated, which are you fluent? _____

In what country were you born? _____

Indicate your enrollment plans for the next academic year. Indicate how you plan to pay for college next year.

- | | |
|--|---|
| _____ I will be a full-time student with at least 12 credit hours. | _____ My parents will pay the full cost for college. |
| _____ I will enroll in school for at least 6 credit hours. | _____ I have won a scholarship that covers my full cost. |
| _____ I will enroll for less than six-credit hours. | _____ I will need financial assistance to pay for school. |
| _____ I will not be enrolled in school. | _____ I will not be enrolled in school. |

B. STUDENT'S EMPLOYER INFORMATION

Are you employed? _____ What is your annual salary? _____ (Provide a pay stub or tax return)

Will you work during the summer? _____ Are you planning to work during the academic year? _____

What is your anticipated income for: **previous summer** _____ **current academic year** _____

Employer's Name & Address: _____

Employer's Phone Number: _____



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C. PARENT/GUARDIAN HOUSEHOLD INFORMATION

Parent's/Guardian's Name

Address (Include Apt No)

City State Zip Code

Home telephone number (include area code)

Check the box that applies to your current citizenship status.

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Number of family members who are currently living with you and you provide support? _____

Of the family members living with you, how many are in college not including the student listed above? _____

D. PARENT'S EMPLOYER INFORMATION

Employer's Name & Address: _____

Work Phone Number: _____

What is your annual salary, wages or earnings? _____ **Enclose your current pay stub or tax return with this form.**

E. SIGN THIS FORM

By signing this form, we certify that the information reported on this form is complete and correct. At least one parent or guardian must sign this form.

Student Date

Parent Date

SUBMIT THIS FORM DIRECTLY TO YOUR DC-CAP ADVISOR OR MAIL TO:

**DC-CAP College Retention Division
1425 K St. NW, Suite 200
Washington, DC 20005
Telephone (202) 347-6546
Fax (202) 783-4026**