



# 2018—2019 CBC Financial Aid Form

*This form must be completed and returned to the CBC Financial Aid Office before your aid can be processed.*

1501 College Ave, Conway, AR 72034 • Text us at: 501-703-0557  
501.205.8911 • FAX 501.329.2941 • financialaid@cbc.edu

Please print or type

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ E-Mail \_\_\_\_\_ SSN \_\_\_\_\_  
Month Day Year

Name \_\_\_\_\_  
Last First Middle Maiden (if applicable)

Mailing Address \_\_\_\_\_ Your Phone Number \_\_\_\_\_  
Street

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Check here if this is a mobile phone number.

*Note: You may change your contact info at any time by contacting the Registrar's Office.*

Entry Status:  First-time Freshman  New Transfer Student  Continuing CBC Student  Re-entering CBC Student

Degree you are or will be pursuing this year (check one):

Associate Degree (2 year)  1st Bachelor Degree (4 year)  2nd Bachelor Degree

Program (check one):

Traditional  PACE  Online

Living arrangements (check one):

On Campus  Off Campus  Off Campus with parents

Will you be graduating from CBC this year?  No  Yes—If yes, will you complete in fall or spring? \_\_\_\_\_

2018-2019 Enrollment: (PLEASE CHECK ONE PER TERM)

Fall 2018:  Not Attending  Part-time  Full-time

Spring 2019:  Not Attending  Part-time  Full-time

Summer 1 2019:  Not Attending  1 course  2 courses

Summer 2 2019:  Not Attending  1 course  2 courses

Please indicate below all outside sources of aid you expect to receive during 2018-2019:

**\*\*\*Failure to list all outside sources of aid could result in an overpayment which must be corrected by reducing your aid.\*\*\***

- Arkansas Academic Challenge (Lottery)  Arkansas Rehab—Amount: \_\_\_\_\_
- Arkansas Governor's or Governor's Distinguished  Arkansas GTIP
- Bureau of Indian Affairs—Amount: \_\_\_\_\_

Please check below any CBC Scholarship you've been awarded. You may accept only one from each category.

**CATEGORY 1**

- Academic  Athletic (Sport \_\_\_\_\_)  Miss GMA  Ministry Discount
- Mr. Galilean  Fine Arts  Transfer

**CATEGORY 2**

- Legacy  Multiples  Sibling  SOAR

Please list below any privately funded scholarships & the amount:

SCHOLARSHIP DONOR: \_\_\_\_\_ AMOUNT: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*My signature on this form indicates I have read and understand the information on this form and that the information I have provided is true and correct to the best of my knowledge.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_