



BRIDGERLAND APPLIED TECHNOLOGY COLLEGE

1301 North 600 West • Logan, Utah 84321
phone (435)753-6780 • fax (435)750-3046

BATC APPLICATION FOR FINANCIAL AID 2016-2017

Complete each item on this form. Print clearly and legibly and turn in to the BATC Financial Aid Office (Logan Campus). Read the Statement of Educational Purpose (below).
Sign and date the bottom of this form.

Name: _____ Social Security Number: _____

Address: _____
Street City State Zip

Telephone Number: () _____ E-mail address: _____

Date of Birth: ____/____/____ Check one: ☐ Dependent ☐ Independent

If Dependent, will you be living with your parent(s) while attending BATC? ☐ Yes ☐ No

Check one: ☐ I have received a high school diploma ☐ I have a recognized equivalent _____
Explain

What **program** are you enrolled or will be enrolling in at BATC? _____

What **certificate** are you seeking? _____ **Hours:** _____

Certificate and hours are required information. If you are not positive about what certificate or hours to indicate, visit with the program instructor or see the BATC Catalog - available in Student Services or on-line at www.batc.edu Note: On-line programs are not Pell Grant eligible programs

How many hours will you be enrolled each week? _____ Scheduled start date: _____

Which BATC Campus do you wish to attend? ☐ Logan ☐ Brigham City

In addition to the Pell Grant --

Do you have a scholarship? ☐ Yes ☐ No Is another agency paying for your education? ☐ Yes ☐ No

If yes: Name of Scholarship/Agency: _____ Contact/Counselor: _____

Please specify what is covered: ☐ Tuition ☐ Books ☐ Other Expenses: _____

List **ALL** schools and colleges you have attended **since high school**. Use back if necessary.

SCHOOL	SCHOOL ADDRESS-City/State	DATES ATTENDED	FINANCIAL AID Y/N

Name(s) used at previous institution(s) if different from above: _____

STATEMENT OF EDUCATIONAL PURPOSE

I declare under penalty of perjury that the statements herein are correct and true and any funds or income received from any federally or state funded program or scholarships will be used solely for expenses connected to the costs of attending BATC. I authorize the release of any financial or academic information from my files to any organization or agency which has or will provide financial assistance to me. I understand that I am responsible for repayment of any funds received from the aforementioned sources which are not used for expenses relating to attendance at BATC or which exceed the costs for my enrollment. I further understand that I will be required to remain in good standing as defined by BATC and the Financial Aid Office. I have authorized the release of an Institutional Student Information Record to the BATC Financial Aid Office and understand I must be actively enrolled in school while receiving any financial aid funds. I HAVE READ THE ABOVE STATEMENT AND UNDERSTAND IT FULLY.

Signature: _____ Date: _____