



BRIDGERLAND APPLIED TECHNOLOGY COLLEGE

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

BATC'S STUDENT INFORMATION FORM for the 2017-18 Pell Grant

Clearly and legibly complete each item on this form. Be sure to sign and date the bottom of this form, then turn it in to the BATC Financial Aid Office (*located at the Logan Campus*).

Name: _____ BATC Student ID#: _____

Address: _____
Street City State Zip

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

Social Security Number: _____

Date of Birth: ____/____/____ 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 _____

Please 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 your program instructor, or access the BATC Catalog - available on-line at www.batc.edu to determine your answers. Note: On-line programs are not Pell Grant eligible programs*

Scheduled start date: _____ Which BATC Campus will you be attending? ☐ Logan ☐ Brigham City
How many hours will you be enrolled (contracted to attend) each week? _____

In addition to the Pell Grant --

Do you have a scholarship? ☐ Yes ☐ No AND 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 you graduated from high school**. Include BATC if you were enrolled at BATC anytime previously after high school graduation. Use back if necessary.

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

If different from above, the Name(s) you used at previous institution(s): _____

Signature: _____ Date: _____