



SAGINAW CHIPPEWA TRIBAL COLLEGE
Financial Aid Office

Semester:	_____
Year:	_____

PART 1 STATEMENT OF EDUCATIONAL PURPOSE

NOTICE: YOU WILL NOT RECEIVE TITLE IV FINANCIAL AID UNLESS YOU COMPLETE THIS STATEMENT AND, IF REQUIRED BY THIS INSTITUTION, SUBMIT VERIFICATION.

While at Saginaw Chippewa Tribal College, I plan to pursue a course of study in _____ and work toward: _____ (indicate major)

- (check one) _____ a certificate
_____ an Associate of Arts degree (AA)
_____ transfer requirements (for transfer to a four-year institution)

The expected date I anticipate completion of this degree, certificate, or transfer program is (date you will finish all your classes at SCTC): _____ (month and year)

Date you graduated from high school or received G.E.D: _____ (month and year)

I certify that I will use any money I receive under Title IV student financial aid programs only for expenses related to attendance at Saginaw Chippewa Tribal College.

(student signature)

(date)

Print Name (first, middle, last)

Social Security Number

PART 2 DRUG-FREE CERTIFICATION STATEMENT

NOTICE: YOU WILL NOT RECEIVE TITLE IV FINANCIAL AID UNLESS YOU COMPLETE THIS STATEMENT.

I certify that, as a condition of receipt of Title IV funding, I will not engage in the unlawful manufacture, distribution, dispensation, possession or use of a controlled substance during the period covered by funding.

(student signature)

(date)

PART 3**SELECTIVE SERVICE REGISTRATION COMPLIANCE**

Please be advised that if you do not meet the criteria in Section A, then you are REQUIRED to be registered with Selective Service even if you are disabled, Deaf, hard-of-hearing, or not a U.S. citizen. Please contact your local United States Post Office for registration procedures. Once you have registered at the post office, you are eligible to certify Section B.

Complete Section A or Section B, then sign and date the form.

SECTION A:

_____ I certify that I am not required to be registered with the Selective Service because (check one reason only)

_____ I am female.

_____ I am in the armed services on active duty.
(Note: Members of the Reserves and National Guard are not considered on active duty.)

_____ I have not yet reached my 18th birthday.

_____ I was born before 1960.

_____ I am a permanent resident of the Trust Territory of the Pacific Islands or the Northern Mariana Islands.

_____ Other (please explain) _____

SECTION B:

_____ I certify that I am registered with the Selective Services.

NOTICE: YOU WILL NOT RECEIVE TITLE IV FINANCIAL AID UNLESS YOU COMPLETE THIS STATEMENT AND, IF REQUIRED, GIVE PROOF TO YOUR SCHOOL THAT YOU ARE REGISTERED.

(student signature)

(date)