



Session: 2151
Track Code: 01

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SOCIAL SECURITY NUMBER									
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MPC STUDENT'S ID NUMBER									

2015—2016 Student Information Form

SECTION A: STUDENT INFORMATION

Use ink only.

Last Name	First Name	MI	Other Names Used at MPC		
Current Address	City	State	Zip Code	Gender: Male Female	
Home Phone	Cell Phone	Work Phone			
MPC Email Address	Other Email Address			Date of Birth (M/D/Y)	

SECTION B: LIVING ARRANGEMENTS

Your living arrangement for the school year 2015-2016(check one):

- Renting a room, apartment, condominium, or house
 Living with parents, guardian, relatives, or a roommate and **Sharing the expenses of the household.**
 Living with parents, guardian, relatives
 Military Housing
 Other: _____

SECTION C: FINANCIAL RESOURCES

Will you be receiving any additional monies during 2015-2016? ___ Yes ___ No If YES, indicate total MONTHLY amount:

Scholarship: Name: _____ \$ _____ Department of Vocational Rehabilitation: \$ _____

Basic Allowance for Subsistence \$ _____ Veterans Vocational Rehabilitation: \$ _____

Other: Name: _____ \$ _____

While attending MPC during 2015-2016, will you be required to pay dependent care (child, adult) expenses? ___ Yes ___ No

If YES, please state the amount you will be paying: \$ _____/month

Will part of the child care expenses be paid by an outside agency? Yes No What is the amount \$ _____/month

SECTION D: EDUCATIONAL BACKGROUND

List **ALL** prior colleges/universities which you attended. (Submit official academic transcripts to MPC's Admissions & Records Office.)

College (s)	Year	College (s)	Year
_____	_____	_____	_____
_____	_____	_____	_____

How many units do you plan to enroll in at for: Fall 2015 _____ Spring 2016 _____ Summer 2016 _____

Do you have: AA/AS Degree? ___ YES ___ NO BA/BS Degree? ___ YES ___ NO

MUST ANSWER ALL REQUIRED FIELDS OR FORM WILL BE CONSIDERED INCOMPLETE