



**DIX SCHOLAR  
SUPPLEMENTAL INFORMATION FORM  
FOR FINANCIAL AID 2007 – 2008**

Name: \_\_\_\_\_

**GENERAL STUDENT INFORMATION**

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_  
street (include apartment number) city state zip

Phone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**ENROLLMENT INFORMATION.**

Are you working on a second bachelor's degree?  Yes  No

Date Accepted: \_\_\_\_\_ / \_\_\_\_\_  
Month Year

Your expected graduation date: \_\_\_\_\_ / \_\_\_\_\_  
Month Year

❖ You must be enrolled in at least **SIX (6)** credits to be eligible for financial aid.

NUMBER of CREDITS (Summer 2007) \_\_\_\_\_

NUMBER of CREDITS (Fall 2007) \_\_\_\_\_

NUMBER of CREDITS (Spring 2008) \_\_\_\_\_

**DO NOT LEAVE THE ABOVE SECTION BLANK.** If you do not plan on taking any credits for a particular term, place a zero (0) in the appropriate space for that term.

**OUTSIDE SOURCES OF FINANCIAL ASSISTANCE**

Please list the amount and sources from which you will receive any of the following awards during the 2007 – 2008 academic year:

VA benefits \$ \_\_\_\_\_

Employee tuition benefits \$ \_\_\_\_\_ Employer: \_\_\_\_\_

Outside Scholarship Source: \$ \_\_\_\_\_ Source: \_\_\_\_\_

Outside Scholarship Source: \$ \_\_\_\_\_ Source: \_\_\_\_\_

Simmons ID : \_\_\_\_\_

OFFICE USE: rec. by: \_\_\_\_\_

**SIGNATURE**

- I understand that by signing this form, I certify that all the information reported on it is complete and correct to the best of my knowledge.
- I understand that incorrect or inaccurate information reported on this form may result in a change to my financial aid award.
- I understand that omission of any information on this form may result in a delay in the receipt of my financial aid award.
- I understand that by signing this form, I authorize Simmons College to release my (and my spouse's/parents') financial and/or academic information to outside agencies and scholarship donors.
- I understand that in order to be awarded financial aid I must complete a 2007-2008 FAFSA (Free Application for Federal Student Aid) in addition to this form (Dix Scholar Supplemental Form).
- I understand that if there is any change to the information provided in the Enrollment section of this form I must notify the Student Financial Services Office in writing and that my financial aid award may be revised.
- I understand that I may be asked to supply more information (i.e., Federal Income Tax Returns including all schedules and W-2's) to help complete my financial aid file.

**Student's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_