



2000 TOWER STREET EVERETT, WA 98201-1290

**FINANCIAL AID CHANGE FORM
2009-2010**

Student's Name _____

Social Security Number: _____ Student ID: _____

Phone Number: _____ Email: _____

ADDRESS CHANGE EMAIL CHANGE PHONE NUMBER CHANGE

New Information: _____

ENROLLMENT LEVEL REVISION

Revise my aid eligibility based on the enrollment level I specify below (Current quarter will not be revised if aid has already been disbursed).

Credit hours for each quarter must be indicated.

Summer quarter: _____ credits Winter quarter: _____ credits

Fall quarter: _____ credits Spring quarter: _____ credits

WORK-STUDY REVISION

Cancel my work-study award for _____.

Reduce/increase my work-study to \$_____ for the year.

I am requesting work-study funds if available.

OTHER

Please explain. Use back of page or attach a separate sheet if necessary.

Student Signature: _____ Date: _____

FAO 02/09

Everett Community College does not discriminate on the basis of race, religion, creed, color, national origin, age, sex, marital status, disability, or veteran status.

Received By _____