

Required information is missing from your FAFSA. Please complete form in blue or black ink. Incomplete forms will not be accepted.

STUDENT PERSONAL INFORMATION				
Full Legal Name: (as it appears on your Social Security Card)		First Name: _____ Last Name: _____	Middle Name: _____ Suffix: _____	
Permanent Address: (include Apt #)		Permanent Street Address: _____ City: _____ State: _____ Zip: _____ Country: _____		
State of Legal Residence:		Date you became a legal resident: _____		
Citizenship Status:	<input type="checkbox"/> U.S. citizen or national	<input type="checkbox"/> Eligible noncitizen	<input type="checkbox"/> Neither U.S. citizen nor eligible noncitizen A-Number _____	
Marital Status:	<input type="checkbox"/> Single (never married)	<input type="checkbox"/> Married (not separated)	<input type="checkbox"/> Remarried	
	<input type="checkbox"/> Separated	<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed	
Gender: <i>Answers will not affect your eligibility for financial aid.</i>	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Prefer not to answer	
Are you of Hispanic, Latino, or Spanish origin? <i>Select all that apply. Answers will not affect your eligibility for financial aid.</i>	<input type="checkbox"/> No, not of Hispanic, Latino, or Spanish origin	<input type="checkbox"/> Yes, Mexican, Mexican American, or Chicano	<input type="checkbox"/> Yes, Puerto Rican	
	<input type="checkbox"/> Yes, Cuban	<input type="checkbox"/> Yes, another Hispanic, Latino, or Spanish origin	<input type="checkbox"/> Prefer not to answer	
What is your race? <i>Select all that apply. Answers will not affect your eligibility for financial aid.</i>	<input type="checkbox"/> White	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Asian	
	<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> Prefer not to answer	
High School Completion status at the beginning of the 2025-26 school year:	<input type="checkbox"/> High school diploma	High school name: _____ High school city: _____ High school state: _____		
	<input type="checkbox"/> State-recognized high school equivalent (e.g., GED)	Issuing state: _____	Type: <input type="checkbox"/> GED <input type="checkbox"/> TASC <input type="checkbox"/> HiSET <input type="checkbox"/> Other	
	<input type="checkbox"/> Homeschooled			
	<input type="checkbox"/> None of the previous			
When you begin the 2025-26 school year, what will your grade level be?	<input type="checkbox"/> First year undergraduate (<i>freshman</i>)	<input type="checkbox"/> Second year undergraduate (<i>sophomore</i>)		
	<input type="checkbox"/> Other undergraduate (<i>junior or beyond</i>)	<input type="checkbox"/> Master's, doctorate, or graduate certificate program		
Will you have your first bachelor's degree before beginning the 2025-26 school year?			<input type="checkbox"/> No	<input type="checkbox"/> Yes Year earned: _____
Did either of your parents attend or complete college?	<input type="checkbox"/> Neither parent attended college	<input type="checkbox"/> One or both parents attended college, but neither parent completed college	<input type="checkbox"/> One or both parents completed college	<input type="checkbox"/> Don't know/not sure

<p>Do you have unusual circumstances that prevent you from contacting your parents or would contacting your parents pose a risk to you?</p>	<input type="checkbox"/> No	<input type="checkbox"/> Yes <i>Please contact the Financial Aid Office for next steps.</i>	
<p>At any time on or after July 1, 2024, were you an unaccompanied youth and either (1) homeless or (2) self-supporting and at risk of being homeless?</p>	<input type="checkbox"/> No	<input type="checkbox"/> Yes <i>You must answer the next question.</i>	
<p>If yes, did any of these determine you were homeless or at risk of being homeless? <i>Select all that apply.</i></p> <p><input type="checkbox"/> Check here if you do not have a determination from any of these options.</p>	<p><input type="checkbox"/> Director or designee of an emergency or transitional shelter, street outreach program, homeless youth drop-in center, or other program serving those experiencing homelessness</p> <p><input type="checkbox"/> Your high school or school district liaison or designee</p>	<p><input type="checkbox"/> Director or designee of a project supported by a federal TRIO or GEAR UP program grant</p> <p><input type="checkbox"/> Financial Aid administrator</p>	
<p>Select all that apply: <i>Check "None of these apply" if none are applicable.</i></p> <p><input type="checkbox"/> None of these apply</p>	<p><input type="checkbox"/> You are currently serving on active duty in the U.S. armed forces for purposes other than training.</p> <p><input type="checkbox"/> You are a veteran of the U.S. armed forces.</p> <p><input type="checkbox"/> You have dependents (excluding your spouse) who live with you and receive more than half of their support from you now and between July 1, 2025 and June 30, 2026.</p> <p><input type="checkbox"/> At any time since you turned 13, you were an orphan (no living biological or adoptive parent).</p>	<p><input type="checkbox"/> At any time since you turned 13, you were a ward of the court.</p> <p><input type="checkbox"/> At any time since you turned 13, you were in foster care.</p> <p><input type="checkbox"/> You are or were in a legal guardianship with someone other than your parent or stepparent, as determined by a court in your state of residence.</p> <p><input type="checkbox"/> You are or were a legally emancipated minor, as determined by a court in your state of residence.</p>	
<p>At any time during 2023 or 2024, did you or anyone in your family receive benefits from any of these federal programs? <i>Select all that apply. Check "None of these apply" if none are applicable.</i></p> <p><input type="checkbox"/> None of these apply</p>	<p><input type="checkbox"/> Earned Income Credit (EIC) on Federal Income Tax Return</p> <p><input type="checkbox"/> Federal housing assistance</p> <p><input type="checkbox"/> Free or reduced-price school lunch</p>	<p><input type="checkbox"/> Refundable credit for coverage under a qualified health plan (QHP)</p> <p><input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP or food stamps)</p> <p><input type="checkbox"/> Supplemental Security Income (SSI)</p>	<p><input type="checkbox"/> Temporary Assistance for Needy Families (TANF)</p> <p><input type="checkbox"/> Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)</p> <p><input type="checkbox"/> Medicaid</p>
CERTIFICATION AND SIGNATURE			
<p>By signing this form, I certify that all of the above information is complete and correct.</p>			
<hr style="width: 100%;"/> Student Signature	<hr style="width: 100%;"/> Date	<hr style="width: 100%;"/> Student ID#	
<p>WARNING: If you purposely give false or misleading information, you may be fined, sent to prison, or both.</p> <p>Return to: Marine Trades Institute, 485 S. Meridian, Cedarville, MI 49719 Or upload this form to the Marine Trades Institute Student Portal: www.globbs.empower-xl.com</p>			