

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: _____	Middle Name: _____
		Last 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	
Are you of Hispanic, Latino, or Spanish origin? <i>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	<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 2026-27 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"/> HiSET	<input type="checkbox"/> TASC <input type="checkbox"/> Other
	<input type="checkbox"/> Homeschooled		
	<input type="checkbox"/> None of the previous		
When you begin the 2026-27 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 2026-27 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

Do you have unusual circumstances that prevent you from contacting your parents or would contacting your parents pose a risk to you?		<input type="checkbox"/> No	<input type="checkbox"/> Yes <i>Please contact the Financial Aid Office for next steps.</i>
At any time on or after July 1, 2025, were you an unaccompanied youth and either (1) homeless or (2) self-supporting and at risk of being homeless?		<input type="checkbox"/> No	<input type="checkbox"/> Yes <i>You must answer the next question.</i>
If yes, did any of these determine you were homeless or at risk of being homeless? Select all that apply.	<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 <input type="checkbox"/> Your high school or school district liaison or designee	<input type="checkbox"/> Director or designee of a project supported by a federal TRIO or GEAR UP program grant <input type="checkbox"/> Financial Aid administrator	
<input type="checkbox"/> Check here if you do not have a determination from any of these options.			
Select all that apply: <i>Check "None of these apply" if none are applicable.</i>	<input type="checkbox"/> You are currently serving on active duty in the U.S. armed forces for purposes other than training. <input type="checkbox"/> You are a veteran of the U.S. armed forces. <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, 2026 and June 30, 2027. <input type="checkbox"/> At any time since you turned 13, you were an orphan (no living biological or adoptive parent).	<input type="checkbox"/> At any time since you turned 13, you were a ward of the court. <input type="checkbox"/> At any time since you turned 13, you were in foster care. <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. <input type="checkbox"/> You are or were a legally emancipated minor, as determined by a court in your state of residence.	
At any time during 2024 or 2025, 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>	<input type="checkbox"/> Earned Income Credit (EIC) on Federal Income Tax Return <input type="checkbox"/> Federal housing assistance <input type="checkbox"/> Free or reduced-price school lunch	<input type="checkbox"/> Refundable credit for coverage under a qualified health plan (QHP) <input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP or food stamps) <input type="checkbox"/> Supplemental Security Income (SSI)	<input type="checkbox"/> Temporary Assistance for Needy Families (TANF) <input type="checkbox"/> Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) <input type="checkbox"/> Medicaid
CERTIFICATION AND SIGNATURE			
By signing this form, I certify that all of the above information is complete and correct.			
<hr/>			
Print Student Name			
<hr/>			
Student Signature		Date	Student ID#
<hr/>			
WARNING: If you purposely give false or misleading information, you may be fined, sent to prison, or both.			
Return to: Marine Trades Institute, 485 S. Meridian, Cedarville, MI 49719 Or upload this form to the Marine Trades Institute Student Portal: www.glbbs.empower-xl.com			