

Student Name: \_\_\_\_\_ Student ID# \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Social Security Number: \_\_\_\_\_

I plan to attend classes at

**FINANCIAL REVIEW FOR FREE COLLEGE CREDIT** Please note that you do not need to complete the financial review if you are taking the courses for audit only, just sign and return this form to the Office of Financial Aid, Southern State Community College, 100 Hobart Drive, Hillsboro, Ohio 45133.

Please list the household members (including you the student) and their relationship to the student if more than 50% of their support is coming from the household:

Name	Relationship to Student