



1998-99 Student Aid Report (SAR) Federal Student Aid Programs Part 1 - Information Summary

OMB No. 1840-0132
Form Approved
Exp. 12/31/99

200-10-3308
DU-01 DRN: 4708

IMPORTANT: Read **ALL** information in Part 1 to find out what to do with this Report.

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TNT-INC 0
EDIT NONT MD 20816

January 13, 1998
EFC:

BA DEG REC'D

Your application cannot be processed until you have given us additional information. You must contact the U.S. Department of Education by calling 202-708-4766, or by writing to: U.S. Department of Education, Student Financial Assistance Programs, Student Receivables Division, 7th and D Streets, SW, ROB-3, Room 5118, Washington, DC 20202-5320. Include with your letter a copy of your SAR and your current address and telephone number (including the area code).

Your application cannot be processed because our records indicate that you are currently being denied aid due to a debarment and suspension action. If you wish to contest this finding, please contact the Debarment and Suspension Specialist, U.S. Department of Education, 202-708-5129, within 30 days after the date you submit this SAR to your school.

We need you to give us more information so that we can determine your eligibility for Federal student aid. REVIEW ALL OF THE INFORMATION on Part 2, the Information Request Form, and respond to each of the items in bold. After making all necessary corrections, you and your parent must sign the Certification at the end of Part 2. You may take Part 2 of your SAR to one of the schools you have listed on the SAR to have the FAA submit your corrections electronically. *Or you may send Part 2 of your SAR to the address next to the Certification (keep all other parts for your records). You will receive a new SAR in about 4 weeks.

Your answers to Items 19 and 40 do not appear to agree. Please review your answers to Items 19 and 40 and make any corrections if necessary. Then see your FAA to determine what types of aid you may be able to receive.

We could not understand some of the information you submitted. We have printed question marks (?????) in the "You told us" column for those items we didn't understand. You must correct those items.

(letter continued on next page)

(letter continued)

As you requested, this is a copy of the Student Aid Report (SAR) we processed on 01/13/98. No information has been changed.

FAA INFORMATION

This information will be used by your Financial Aid Administrator to determine your eligibility for student aid.

Agency Source: 5	Model: X	FAA Adjustment Flag:
MDE Record Type: D	Duplicate Copy: D	Reject Reasons: 19 12
Record Type:	SysGen:	Application Receipt Date: 01/02/1998
Verification Type:	Dependency Override:	Transaction Receipt Date: 03/01/1998
Verification Flag:	Special Handling:	Subsequent Application Flag:
Pell Digit:	Reprocessing Code:	Early Analysis Flag:

MONTHS: 1 2 3 4 5 6 7 8 9 10 11 12

PRIMARY EFC:

SECONDARY EFC:

INTERMEDIATE COMPUTE VALUES:

TI:	ATI:	STX:	EA:	STI:
IPA:	AI:	CAI:	DNW:	FTI:
APA:	PCA:	AAI:	TPC:	
TSC:	PC:	SIC:	SCA:	

Auto Zero EFC Flag: SNT Flag: Y Pell Eligible Flag:

MATCH FLAGS:

SSN Match Flag: 3	Selective Service Registration Flag:	Selective Service Match:
INS Match Flag:	INS Verification #:	SSA Citizenship Code:
NSLDS Match Flag: 1	NSLDS Results Flag:	NSLDS Transaction Number: 0

COMMENTS: 008 009 072

F-12

R3RDA000001

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1998-99 Student Aid Report

Federal Student Aid Programs

Part 2 - Information Request Form

OMB No. 1840-0132
Form Approved
EXP. 12/31/99

Processed: 03-21-98
BA DEG REC'D

- You must respond to ALL items in **BOLDFACE TYPE** before we can process your form.
- Look for arrows → in the area next to your reported data. Your answer was unacceptable or needs to be verified for these items.
 - Give us a new answer in the boxes that appear to the right of the arrow. **OR**
 - If you need to verify the data you reported is correct, re-enter the same value in the boxes that appear to the right of the arrow.
- To delete a preprinted answer in the "You told us" column, draw a line completely through the answer boxes to the right of the item.
- Use the code information on the Instructions and Codes page if you need to correct items 28 and/or 29.
- Sign and send **BOTH** pages of Part 2 to the address on the last page of Part 2. Do not attach tax or any other forms.
- If you need to correct an item that contains an oval ○ completely fill in the oval as follows: ●. Do not ⊗ or ⊙ ovals. Erase or white-out mistakes completely.
- Print corrections neatly in answer boxes: SAMPLE

A	B	C	D	1	2	3
---	---	---	---	---	---	---

123-45-6789
ST-01 DRN: 1234

Section A: You (the Student)

YOU TOLD US	WRITE IN ONLY NEW OR CORRECTED INFORMATION.
1. Last Name ABCDEFGHIJKLMN OP →	
2. First Name ABCDEFGHI →	3. Middle Initial A
4. Permanent Street Address 12345 ABCDEFGHIJKLMN OPQ	
5. City ABCDEFGHIJKLMN OPQ	
6. State Abbreviation DC	7. ZIP Code 20202
8. Social Security Number 123-45-6789 →	
9. Date of Birth AUGUST 03, 1963 →	Use MM-DD-CCYY format (e.g., 05-01-1979)
10. Permanent Home Phone Number (202) 555-1234	
11. State of Legal Residence Abbreviation DC	12. Date You Became a Legal Resident AUGUST 1963
13. Driver's License Number 5-123-02-456092020DC	
14. Driver's License State Abbreviation DC	
15. Citizenship Status ELIGIBLE NONCITIZEN →	U.S. Citizen ○ 1 Eligible Non-Citizen ○ 2 Neither ○ 3
16. Alien Registration Number A123456789 →	A
17. Marital Status UNMARRIED →	Single, Widowed or Divorced ○ 1 Married ○ 2 Separated ○ 3
18. Date of Marital Status JANUARY 1961 →	Use MM-CCYY format (e.g., 05-1996)
19. First Bachelor's Degree by 7-1-1998? (BLANK) →	Yes ○ 1 No ○ 2
20. High School Diploma or GED? (BLANK)	Yes ○ 1 No ○ 2
21. Father's Educational Level HIGH SCHOOL	Elementary (K-8) ○ 1 High School (9-12) ○ 2 College or beyond ○ 3 Unknown ○ 4
22. Mother's Educational Level HIGH SCHOOL	Elementary (K-8) ○ 1 High School (9-12) ○ 2 College or beyond ○ 3 Unknown ○ 4

YOU TOLD US		WRITE IN ONLY NEW OR CORRECTED INFORMATION.				
23. Enrollment Status Summer Term 1998 LESS THAN 1/2 TIME	Full time <input type="radio"/> 1 3/4 time <input type="radio"/> 2 1/2 time <input type="radio"/> 3 Less than 1/2 time <input type="radio"/> 4 Not enrolled <input type="radio"/> 5					
24. Enrollment Status Fall Sem./Qtr. 1998 FULL TIME	Full time <input type="radio"/> 1 3/4 time <input type="radio"/> 2 1/2 time <input type="radio"/> 3 Less than 1/2 time <input type="radio"/> 4 Not enrolled <input type="radio"/> 5					
25. Enrollment Status Winter Qtr. 1998-99 NOT ENROLLED	Full time <input type="radio"/> 1 3/4 time <input type="radio"/> 2 1/2 time <input type="radio"/> 3 Less than 1/2 time <input type="radio"/> 4 Not enrolled <input type="radio"/> 5					
26. Enrollment Status Spring Sem./Qtr. 1999 3/4 TIME	Full time <input type="radio"/> 1 3/4 time <input type="radio"/> 2 1/2 time <input type="radio"/> 3 Less than 1/2 time <input type="radio"/> 4 Not enrolled <input type="radio"/> 5					
27. Enrollment Status Summer Term 1999 1/2 TIME	Full time <input type="radio"/> 1 3/4 time <input type="radio"/> 2 1/2 time <input type="radio"/> 3 Less than 1/2 time <input type="radio"/> 4 Not enrolled <input type="radio"/> 5					
28. Course of Study FINE/PERFORMING ARTS	<input type="text"/> <input type="text"/> Enter Code from Instructions					
29. Type of Degree/Certificate CERT/DIPLOMA 2 YR	<input type="text"/> Enter Code from Instructions					
30. Date Expect to Receive Degree/Cert. MAY 1999	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Use MM-CCYY format (e.g., 05-1999)					
31. Grade Level in College in 1998-99 1ST PREVIOUSLY ATTENDED	1st Never Attended <input type="radio"/> 1 3rd/Junior <input type="radio"/> 4 1st Yr. Graduate <input type="radio"/> 7 Beyond 3rd Yr. Graduate <input type="radio"/> 10 1st Previously Attended <input type="radio"/> 2 4th/Senior <input type="radio"/> 5 2nd Yr. Graduate <input type="radio"/> 8 2nd/Sophomore <input type="radio"/> 3 5th or More <input type="radio"/> 6 3rd Yr. Graduate <input type="radio"/> 9					
32. Interested in Student Employment? (BLANK)	Yes <input type="radio"/> 1 No <input type="radio"/> 2					
33. Interested in Student Loans? (BLANK)	Yes <input type="radio"/> 1 No <input type="radio"/> 2					
34. Interested in Parent Loans? (BLANK)	Yes <input type="radio"/> 1 No <input type="radio"/> 2					
35. Attending Same College in 1998-99? (BLANK)	Yes <input type="radio"/> 1 No <input type="radio"/> 2					
36. Monthly VA Benefits Amount \$ (BLANK)		\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> .00				
37. How Many Months Receive VA Benefits? (BLANK)		<input type="text"/> <input type="text"/>				

38. Born Before 1-1-1975? (BLANK)	Yes <input type="radio"/> 1 No <input type="radio"/> 2	41. Are You Married? (BLANK)	Yes <input type="radio"/> 1 No <input type="radio"/> 2
39. Veteran of U.S. Armed Forces? (BLANK)	Yes <input type="radio"/> 1 No <input type="radio"/> 2	42. Orphan or Ward of Court? (BLANK)	Yes <input type="radio"/> 1 No <input type="radio"/> 2
40. Enrolled in Graduate Program in 1998-99? (BLANK)	Yes <input type="radio"/> 1 No <input type="radio"/> 2	43. Have Dependents Other Than Spouse? (BLANK)	Yes <input type="radio"/> 1 No <input type="radio"/> 2

44. Number of Family Members in 1998-99	99	→	
45. Number in College in 1998-99	1	→	

46. Parent(s) Marital Status SEPARATED	Single <input type="radio"/> 1	Married <input type="radio"/> 2	Separated <input type="radio"/> 3	Divorced <input type="radio"/> 4	Widowed <input type="radio"/> 5
47. Parent(s) State of Legal Residence DC	<input type="text"/>	<input type="text"/>			
48. Date Parent(s) Became Legal Resident FEBRUARY 1957	<input type="text"/>	<input type="text"/>	1	9	
49. Parent(s) Number of Family Members in 1998-99 99	<input type="text"/>	<input type="text"/>	Use MM-CCYY format (e.g., 05-1979)		
50. Number of Parent(s) Family Members in College in 1998-99 1	<input type="text"/>	<input type="text"/>	Part 2 (of your Information Request Form) is continued on the following page. the instructions on the front of Part 2 when reviewing the rest of your information to send BOTH pages of Part 2 to the address next to the Certification statement Part 2.		

Part 2 (of your Information Request Form) is continued on the following page. Please refer to the instructions on the front of Part 2 when reviewing the rest of your information. Be sure to send BOTH pages of Part 2 to the address next to the Certification statement at the end of Part 2.

Section G:
Releases and Signatures

Housing Codes: 1 -- on-Campus 3 -- with parent(s)
2 -- off-Campus

90. First College Name, City and State ABCDEFGHIJKLMNOPQRSTUVWXYZ ABCDEFGHIJKLMNOPQRSTUVWXYZ	NEW/CORRECTED COLLEGE NAME, CITY, STATE, ZIP	Enter Code From Above ↑ 91. Housing Code WITH PARENT(S)
92. Second College Name, City and State ABCDEFGHIJKLMNOPQRSTUVWXYZ ABCDEFGHIJKLMNOPQRSTUVWXYZ		93. Housing Code ON-CAMPUS
94. Third College Name, City and State ABCDEFGHIJKLMNOPQRSTUVWXYZ ABCDEFGHIJKLMNOPQRSTUVWXYZ		95. Housing Code OFF-CAMPUS
96. Fourth College Name, City and State ABCDEFGHIJKLMNOPQRSTUVWXYZ ABCDEFGHIJKLMNOPQRSTUVWXYZ		97. Housing Code (BLANK)
98. Fifth College Name, City and State ABCDEFGHIJKLMNOPQRSTUVWXYZ ABCDEFGHIJKLMNOPQRSTUVWXYZ		99. Housing Code (BLANK)
100. Sixth College Name, City and State ABCDEFGHIJKLMNOPQRSTUVWXYZ ABCDEFGHIJKLMNOPQRSTUVWXYZ		101. Housing Code (BLANK)
102. Should Data Be Released To State? (BLANK) ----->	Yes <input type="radio"/> 1 No <input type="radio"/> 2	
103. Register You For Selective Service? (BLANK) ----->	Yes <input type="radio"/> 1	
104. Signed By? STUDENT	DO NOT CORRECT	
105. Date Completed FEBRUARY 15, 1998	DO NOT CORRECT	
106. Preparer's EIN REPORTED	<input type="text"/>	
107. Preparer's Social Security Number REPORTED	<input type="text"/>	
108. Preparer's Signature BLANK	<input type="text"/>	

SEND BOTH PAGES OF THIS FORM TO:

Federal Student Aid Programs
P.O. Box 7020
Lawrence, KS 66044-7020

You must read this Certification and sign below.

CERTIFICATION

All of the information on this SAR is true and complete to the best of my knowledge. If I am asked, I agree to give proof that my information is correct. This proof might include a copy of the 1997 U.S. Income Tax Form filed by me or my family. I understand that if I purposely give false or misleading information on this SAR, I may be subject to a \$10,000 fine, a prison sentence, or both.

Everyone whose information is given on this form should sign below. The student (and at least one parent, if parental information is given) must sign below or this form will be returned unprocessed.

1 Student	Date
2 Student's Spouse	Date
3 Father/Stepfather	Date
4 Mother/Stepmother	Date

School Use Only	REJECT 15
Professional Judgment	
D/O 1 <input type="radio"/> 2 <input type="radio"/>	
Title IV Code	<input type="text"/>
FAA Signature	<input type="text"/>

MDE Use Only	
DE <input type="text"/>	Special Handle <input type="text"/>
<input type="text"/>	