



WICHITA AREA TECHNICAL COLLEGE

Student Data Form 2016-2017

Student ID: W00 _____ Social Security #: _____ - _____ - _____
First Name: _____ MI: _____ Last Name: _____
Address: _____ Date of Birth: _____
City/State/ZIP: _____ Home Phone: _____
Cell Phone: _____ Email Address: _____

Semesters you plan to ATTEND WATC (circle all that apply):

FALL 2016 (Aug - Dec)

SPRING 2017 (Jan - May)

SUMMER 2017 (June/July)

Program you plan to enroll/are enrolled in: _____

Anticipated Graduation Date: _____

[] Please check here if you HAVE received a bachelor's degree.

By signing this form, I certify that all of the information reported to qualify for Federal student aid is complete and correct.

Student signature _____ Date _____

In addition to the Student Data Form, WATC will require all students who will be utilizing financial aid to complete a Student's Rights and Responsibilities Form.
Should you have someone you would like to have access to your information here at WATC, and/or be able to contact us on your behalf, the Consent to Release Form is available upon request.

Wichita Area Technical College
Financial Aid
4004 N. Webb Rd. Wichita, KS 67226
316-677-9400

If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.