Print Summary

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Form Approved
OMB No. 1845-0008
App. Exp. 12/31/10

Student ID XXX-XX-
EFC: 45011
DRN:

Step 1. (Q1 - Q32)	
Student's Last Name	
Student's First Name, Student's Middle Initial	
Student's Permanent Mailing Address	
Student's Permanent City	YORKVILLE
Student's Permanent State, Student's Permanent Zip Code	IL 60560
Student's Social Security Number	XXX-XX-
Student's Date of Birth	/ /1991
Student's Permanent Home Phone Number	
Student's Driver's License Number	
Student's Driver's License State	IL
Student's E-Mail Address	@comcast.net
Student's Citizenship Status	U.S. CITIZEN (OR U.S. NATIONAL)
Student's Alien Registration Number	
Student's Marital Status	SINGLE, DIVORCED, OR WIDOWED
Student's Marital Status Date	
Student's State of Legal Residence	IL
Was Student a Legal Resident Before January 1, 2004?	YES