



OFFICE OF FINANCIAL AID
2021-2022 Alternative Scholarship Application

Submit your completed application to scholarships@csn.edu using your official CSN student email address

This form will be used by the College of Southern Nevada Financial Aid Office to review your financial need for consideration for eligibility to receive the CSN Alternative Scholarship. The financial information reported on this form is subject to verification. You may be asked for additional information and/or documents to document the information submitted on your EFC Calculation.

If you are a U.S. Citizen or eligible non-citizen, you must complete the correct school year Free Application for Federal Student Aid (FAFSA). If you are a U.S. Citizen or eligible non-citizen and complete this form, this office will not review this form.

| | | | |
|---------|-----------|------------|----|
| NSHE ID | LAST NAME | FIRST NAME | MI |
|---------|-----------|------------|----|

1. Complete Alternative Scholarship Application:

- Do not leave any section or answer blank – this will cause delays. For items that do not apply indicate a “0” for amounts; and “N/A” for other information.

2. Complete Online EFC Calculation:

- ❖ Go to: <https://bigfuture.collegeboard.org/pay-for-college/paying-your-share/expected-family-contribution-calculator>. You are going to use an online Expected Family Contribution (EFC) website calculator. The EFC calculator website will not store your information. The website will not forward your information to the US Department of Education.
 - Do not leave any section or answer blank – this will cause delays. If an income related question does not pertain to you, then answer the question as \$0.
 - Answer the demographic information questions about you and your family as accurately as possible.
 - Your answer to the section named “*pick a formula*” should be “**Federal Methodology (FM)**.”
 - Your answer to the question: “*Home state/province of student or parent*” should be “**Nevada**.”
 - Your income information should include all forms of income received between **January 1, 2019** and **December 31, 2019**.
- ❖ Convert your income information to U.S. dollars, if necessary.
 - If you need to convert your income information to U.S. dollars, go to: <https://www.oanda.com/currency/converter/> and use December 31, 2019 as the date to convert your income.
- ❖ Make a screenshot of each of the EFC Calculation sections you have completed. Print and attach each section to this form. **You MUST take a screenshot of the following six (6) screens:**

| | |
|---|--|
| <input type="checkbox"/> Status | <input type="checkbox"/> Student Information |
| <input type="checkbox"/> Formula | <input type="checkbox"/> Finances |
| <input type="checkbox"/> Family Information | <input type="checkbox"/> Results |



OFFICE OF FINANCIAL AID

2021-2022 Alternative Scholarship Application

3. Housing Arrangements:

- What are your housing arrangements while attending CSN?
Select Only One:
 - Living with Parent/Guardian
 - Living by myself or with roommates

4. ACKNOWLEDGEMENTS and CERTIFICATION:

- I am aware that all Alternative Scholarship Applications are reviewed for accuracy in a process called verification and I have attempted to submit all documents required to the best of my knowledge.
- I am required to have a DCS/BACH degree program declared with CSN’s Office of Registration prior to the start of the semester that I requesting this award.
- I am or will be enrolled in classes that apply towards my degree program by CSN’s census date.
- I understand that I will be required to maintain Satisfactory Academic Progress as defined by CSN’s Financial Aid Office for eligibility.
- I am aware that funds are limited and awarded on a *first come, first served* basis, any funding I am awarded will be prorated based on my enrollment (information regarding proration amounts are available in the Alternative Scholarship website).
- I am aware that Alternative Scholarship does not reimburse nor retroactively pay for prior semester or completed courses.

I certify the information on this Alternate Need Determination Form, and any supporting documentation is accurate, true, and complete to the best of my knowledge. I will provide additional information if requested by the CSN Financial Aid Office. I understand any false information may be cause for the denial, reduction, and/or repayment of any student financial assistance I receive. I understand that any false information may subject me to a fine, imprisonment, or both under provisions of the U.S. Criminal Code.

 Student Signature

 Date

 Parent Signature (if student is a dependent student)

 Date

| | | |
|---|---------------------------------|------------------------------------|
| SCHOOL USE ONLY – DO NOT WRITE BELOW | | |
| <input type="checkbox"/> APPROVED | <input type="checkbox"/> DENIED | <input type="checkbox"/> POSTPONED |
| Notes: | | |
| | | |
| FAA SIGNATURE: | DATE: | |