



OFFICE OF FINANCIAL AID
2021-2022 Alternative Scholarship Application

Submit your completed application to scholarship@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
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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



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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:	



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Please complete and sign this worksheet, attach any required documents, and submit your completed application to scholarship@csn.edu using your official CSN student email address. After review, we may ask for additional information.

A. STUDENT INFORMATION

NSHE ID	LAST NAME	FIRST NAME	MI
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B. HOUSEHOLD/FAMILY INFORMATION

DEPENDENT STUDENT – A student is considered *Dependent*, if he/she was **required to provide parental data** on the EFC Calculator.

Please include in your household (below) the following:

- You and your parents/stepparents (*who provide more than half of your financial support*) even if the student does not live with parents.
- Your parent/stepparents' dependent children, if your parent/stepparents' will provide more than half of the children's support from July 1, 2021 through June 30, 2022. Include children who meet either of these standards, even if a child does not live with the parents.
- List other people as part of your household **only** if they now live with **your parents AND they** provide more than half of their support **AND** will continue to provide more than half of their support through June 30, 2022.

INDEPENDENT STUDENT – A student is considered *Independent* if he/she was **NOT required to provide parental data** on the EFC Calculator.

Please include in your household (below) the following:

- You and your spouse, *if married.*
- The student's or spouse's children if the student or spouse will provide more than half of the children's support from July 1, 2021 through June 30, 2022, even if the child does not live with the student.
- List other people as part of your household **only** if they now live with **you AND you** provide more than half of their support **AND** will continue to provide more than half of their support through June 30, 2022.

COLLEGE INFORMATION: If any household member will be attending college at least half-time between July 1, 2021 and June 30, 2022 and will be enrolled in an eligible degree or certificate program, write the full name of the college or university (**do not abbreviate.**)

Full Name	Age	Relationship	College Name (do not abbreviate)
		<i>Self</i>	<i>College of Southern Nevada</i>

If more space is needed, please provide an additional page with the student's NSHE ID and name at the top of the page. CSN may require additional documentation *if* we have reason to believe that the information regarding the household members enrolled in an eligible post-secondary institution is inaccurate.

