



COLORADO COLLEGE

COLORADO RESIDENCY QUESTIONNAIRE

Your financial aid award includes funding from the State of Colorado. As a result, we are required to document your residency with the following information. **Please complete and return this to the Financial Aid Office at Colorado College with documentation.**

PERSONAL INFORMATION

Student's Full Legal Name _____
 _____ Last _____ First _____ Middle _____
 Social Security Number _____
 Date of Birth _____ Age _____ (If you are older than 22 please contact the Colorado College Financial Aid Office)
 Place of Birth _____ Emancipated ___No ___ Yes (attach affidavit)
 _____ State _____
 Never Married _____ Married _____ Divorced/Annulled _____ Date of Marriage _____

Home Address

_____ (____)

 Number and Street _____ City _____ County _____ State _____ Zip _____ Phone _____

ADDITIONAL INFORMATION

Graduated from a Colorado high school? Yes _____ No _____ Date Graduated ____/____/____
 Name and location of High School _____
 _____ City _____ State _____
 Successfully home schooled in Colorado? Yes _____ No _____ Date Completed ____/____/____
 Driver's License Number **or** State Identification Card Number _____ State of Issue _____ Renewal? ___Y ___N
 Are you a U.S. Citizen? Yes _____ No _____ Registered to vote in the US? ___Y ___N State of Registration _____

IF you are not a U.S. Citizen please provide the following information

Country of citizenship _____
 Do you have a U.S. Visa? Yes ___ No ___ U.S. Visa Type _____
 Visa number _____ Expiration date ____/____/____
 U.S. Coast Guard Merchant Mariner Card _____ Native American Tribal Document Number _____

(Please include a copy of your identification information listed above)

The following section has been completed with information pertaining to my:

Parent _____ Legal guardian _____ (Attach proof of guardianship)
 Name of Parents/Guardians

 _____ Last _____ First _____ Middle _____

 _____ Last _____ First _____ Middle _____

List the addresses where your parents/guardians physically resided during the past 12 months

Number and Street _____ City _____ State _____ Month/Yr ____/____ to ____/____

Number and Street _____ City _____ State _____ ____/____ to ____/____

Is a home maintained in another state? Y N Which state? _____

Is your parent/guardian in the military service? Yes No Branch _____

Military base where parents are assigned: _____
(Attach signed verification from the Base Education Officer of current active duty station.)

List the state where your parents filed state taxes during the past two years

State _____ Year _____ Full year resident Partial Year Resident

State _____ Year _____ Full year resident Partial Year Resident

I hereby certify that, to the best of my knowledge, the information furnished is true and complete, without evasion or misrepresentation. I understand that if it is found to be otherwise, it is sufficient cause to disqualify me for State of Colorado Financial Aid Programs from the institution.

Signature (Applicant) _____ Date _____

Parent's Signature (if Applicant is under 23) _____ Date _____

Please Attach ONE of the Documents listed Below:

For Colorado College Use Only

Proof of lawful presence has been proven to Colorado College by the submission of the following:

Colorado driver's license or state ID card Colorado High School Diploma

U.S. military card or military dependent ID card

Colorado Tax Return (Parent) Colorado Vehicle Registration

Proof of Permanent Employment in CO Colorado Voter Registration Card

Proof of Ownership of Residential (Real Property) in Colorado (NOT Vacation or Income prop)

This Colorado Residency Questionnaire in addition to all accompanying documentation has been reviewed by a member of the Colorado College Financial Aid Department and has been

Approved Denied Requires additional information

Comments: