

Parent Phone Number

## Financial Aid Office PARENT IN COLLEGE (1PARCA) 2019-2020

Nam	ne	ID#	
parent	equesting a review of my 2019-20 financial aid a is enrolled in at least six credit hours for at least petween July 1, 2019 and June 30, 2020.		
(the d	erstand this request cannot be processed until ate enrollment is "locked in" for official repor	ting and financial aid certificat	tion).
	lete all of the following:		
1.	Print the name and address of the parent attendi	ng college:	
	Parent Name		
	Address		
	City, St, Zip		
2.	Name of parent's college, university, or technical school:		
	My parent is enrolled in a program leading to a degree or certificate: YES NO		
	Parent's anticipated date of graduation is:	MONTH	YEAR
3.	I have attached a copy of my parent's class schedule confirming the required enrollment		
	between July 1, 2019 and June 30, 2020. The census date for this term is:/		
4.	I have attached a billing statement from my parent's college showing tuition and fees paid for		
	enrollment between July 1, 2019 and June 30, 2	2020.	
Signature of Black Hawk College Student		Date	
Signature of Parent in College		Date	

Return to: Black Hawk College Financial Aid Office, 6600 34th Avenue Moline, IL 61265 Telephone: 309-796-5400 Fax: 309-796-5447 Email: finaid@bhc.edu

Parent Email