

Office of Financial Aid 2023-2024

2023-2024 Simple Needs Test Independent

Office Use Only:				
Name:				
ID:				
Received by:				

A. STUDENT INFORMATION

Last Name	First Name	M.I.	ID Number (REQUIRED)	Phone number
Student:				
As of today, what	is your total current balan	ce of cash, savin	gs, and checking accounts? Do no	t include student financial aid.
\$		_		
As of today, what	is the net worth of your ir	nvestments, inclu	ding real estate (not your home)?	Net worth means current value minus debt.
\$		_		
As of today, what	is the net worth of your co	urrent businesses	s and/or investment farms? Do not	include a farm that you live on and operate.
\$		_		
B. CERTIFIC	ATION AND SIGNA	TURE		
			eported is complete and correct.	Warning: Purposely giving false or misleading information may result in a fine, imprisonment, or both.
Student Sign	ature:			Date:

In compliance with Title VI of the Civil Rights Act of 1964, Title IX, Education Amendments of 1972 of the Higher Education Act, Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990 and other applicable Federal and State Acts, Hinds Community College offers equal education and employment opportunities and does not discriminate on the basis of race, color, national origin, religion, sex, age, disability or veteran status in its educational programs and activities. We recognize our responsibility to provide an open and welcoming environment that fosters a culture of diversity, equity, and inclusion for employees and students to collaboratively learn, work and serve our communities. **The following have been designated to handle inquiries regarding these policies: EEOC Compliance:** Director of Diversity, Equity and InclusionBox 1100 Raymond MS 39154; Phone: 601-857-3458 or Email: EEOC@hindscc.edu. **Title IX**: DeAndre House, Associate Vice President Student Services, Title IX CoordinatorBox 1100 Raymond MS 39154; Phone: 601-857-3353 or Email: IttleIX@hindscc.edu.