

Financial Aid Presentation Request Form

Once completed, email form to Desiree Marquez, Special Programs Supervisor, at dmarquez@mtsac.edu. Allow 3-4 weeks for processing.

Fmail response and/or confirmation will be sent to requestor.

REQUESTOR INFORMATION: Name of Department/Program/School:	
Name/Title of Requestor:	
Contact Email:	Contact Phone:
TYPE OF PRESENTATION REQUEST (select one): Financial Aid/Scholarship Overview Financial Literacy Workshop Mt. SAC Scholarship Program Application Overview (Availabe Mt. SAC Scholarship Program Personal Statement Overview FAFSA 101/Filing Tips (Request when a computer lab is unavailal FAFSA Hands-on Workshop (Computer lab(s) must be availabe PRESENTATION DETAILS:	(Available only for current Mt. SAC students.) ble.)
Requested date:	Suggested Arrival Time:
Start Time:	End Time:
Computer/projector will be provided by requestor: If requesting a hands-on workshop, computer station for each attendee is available:	☐ Yes ☐ No ☐ Yes ☐ No
LOCATION DETAILS (select one): ☐ On Mt. SAC's Campus	☐ Off-Campus (not at Mt. SAC)
Building:	Address:
ATTENDANCE DETAILS: Estimated number of attendees: Students only Parents only Mixed crowd (parents and students) Other, please describe:	Room(s):
LANGUAGE PREFERENCE:	

- ☐ English only
- \square English/Spanish (Will English and Spanish presentations be in separate rooms? \square Yes \square No)