## 2024-2025



## **Additional Documentation Cover Sheet**

(Covers Fall 2024, Spring 2025 and Summer 2025)

| Student's Name (PRINT):  |  |                   |                                | Phone:                          | ()                               | _ |
|--|--|-------------------|--------------------------------|---------------------------------|----------------------------------|---|
| HCC ID:(9-digit number required)   | Date of Birth:                           | _/                |                                | Home Campus:_                   | (Primary location of attendance) | - |
| Your financial aid application was information or resolve conflicting sheet to identify the information  Describe the type(s) of documen | information. If you<br>being submitted a | u were<br>nd atta | required to s<br>ch to this co | submit additional<br>ver sheet. |                                  |   |
| Document Type:   |  |                   |                                |                                 |                                  |   |
| Document Type:   |  |                   |                                |                                 |                                  |   |
| Document Type:   |  |                   |                                |                                 |                                  |   |
| Document Type:   |  |                   |                                |                                 |                                  |   |

Documentation must be attached to this form.

HCC is committed to a workplace and educational environment free of discrimination and harassment based upon race, color, religion, age, sex, gender, national origin, disability, status as a veteran, or sexual orientation. Phone: 713-718-8490

Updated 5/1/2024 Page 1 of 1