

Part 4

Financial Aid Enrollment Application

This part of the application for admission is optional. Only applicants intending to apply for Financial Aid need to complete this form.

Applicant Name _____
Last Name (Family Name) First Middle (Maiden)

Social Security Number _____

Are you a veteran of the US Armed Forces? Yes No

If asked, can you provide proof of citizenship or INS permanent residency documentation status? Yes No

Alien Registration # _____ Expiration Date _____

Driver's License Number _____ State _____

Marital Status Single Married Separated Divorced Widowed

If you are Married, Separated, Divorced, Widowed, please state the effective date _____

Housing during enrollment With Parents Own Place (renting/buying)

Have you ever been convicted of a drug-related offense? Yes No

Number of dependents _____ List below: (Use additional sheets of paper if necessary)

Name _____

Relationship _____ Age _____

Name _____

Relationship _____ Age _____

Name _____

Relationship _____ Age _____

FINANCIAL AID HISTORY

Have you ever received financial aid before? Yes No

If yes, make sure that those schools that you have attended and received financial aid from are listed on Part 1 of the Application for Admission.

Have you ever defaulted on a student loan or do you owe a refund of federal funds? Yes No

If yes, has that liability been corrected? Yes No

EDUCATIONAL DATA

Circle the Highest Grade Completed College 1 2 3 4 5 6 7 8

Did you graduate from high school, or have you taken and passed a GED test, or obtained an equivalent educational level? Yes No

If asked, can you provide a copy of your high school diploma, GED certificate or equivalent documentation to the school? Yes No N/A

Last high school attended _____
Name City State



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FAMILY DATA

Father's Name _____

Address _____
Street Number City State Zip

Phone () _____

Mother's Name _____

Address _____
Street Number City State Zip

Phone () _____

Nearest Relative's Name _____

Address _____
Street Number City State Zip

Phone () _____

CHARACTER REFERENCES (Please list three)

Name _____

Address _____
Street Number City State Zip

Phone () _____

Name _____

Address _____
Street Number City State Zip

Phone () _____

Name _____

Address _____
Street Number City State Zip

Phone () _____

I certify that all information provided in this form is true and correct to the best of my knowledge. I also understand that I may be required to provide supporting documentation of this information reported.

Signature _____ Date _____