



Application for Financial Services

Full Name: _____ SSN# _____ - _____ - _____ Birthdate _____ - _____ - _____

Address _____ City _____ State _____ Zip _____

Cell Phone: (____) _____ - _____ Home: (____) _____ - _____ Work: (____) _____ - _____

E-mail: _____

Please Check One:

I am applying for financial aid

I am not going to apply for financial aid

Did you graduate from high school? Yes/ No

If yes, Name of High School: _____ City: _____ State: _____

Year in which you received your diploma: _____

Address at which you resided when you received your diploma:

_____ City _____ State _____ Zip _____

If no, Did you receive your GED? Yes/ No If yes, which state: _____

Which state are you a legal resident of? _____

Please list all the states (or countries) in which you have resided, your dates of residence and your reason for residing (i.e. college, employment, military service, place of birth, etc.) in each state.

Name of State	Dates of Residence	Reason for Residing in State
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•		
•		
•		

Please list all the names of all schools you have attended after high school and the dates of attendance for each school. Do NOT include college courses taken during high school. Please list all colleges attended, even if you do not wish to transfer credit.

Name of College	Dates of Enrollment	Enrollment Level	Degree Earned
•			
•			
•			
•			

Please list below the individuals whom Student Administrative and Financial Services may speak to regarding your funds:

Name	Relationship	Address	Phone
•			
•			

The purpose of this form is to give Student Administrative and Financial Services information to create a record in our database. This form will also be used in case we are contacted by any person listed above so we can speak to them regarding your financial aid award, handling of the credit of funds to the student's account, and as emergency contacts, etc. By signing this form you are consenting that the information you have provided on this form is accurate for the student whose social security number appears on this form.

Signature _____ Date _____