

2008-2009 WEEKEND COLLEGE FINANCIAL AID APPLICATION

In order to help you better plan your finances for the 2008-09 year, we have developed the following financial aid application. It will allow us to award you financial aid for the semester(s) you need assistance for.

I. STUDENT INFORMATION

First Name	Middle Initial	Last name	Student ID number
Address			
City	State	Zip code	
(____) _____	(____) _____	@ _____	
Home telephone	Cell Phone	Email	
Date of Birth	Marital status		

II. ENROLLMENT PLANS

I plan to enroll as (check one): First-time undergraduate student (never attended college)
 First-time graduate student
 Transfer student (attended another college as a degree-seeking student)
 Continuing undergraduate or graduate student

Anticipated start date: Fall 2008 Spring 2009 Summer 2009

Please indicate the anticipated number of credit hours you plan to enroll in for each semester during the 2008-2009 academic year. Notify us if your plans change. If you will not be enrolled in a particular semester, enter zero. **DO NOT LEAVE THIS SECTION BLANK; it will delay your financial aid award.** While we understand that your schedule may change, please be aware that any changes may affect your financial aid.

	Number of credit hours
Fall 2008	
Spring 2009	
Summer 2009	

III. OUTSIDE RESOURCES

Will you receive any outside scholarships and or employer reimbursement during the 2008-2009 academic year?
 Yes No

If yes, please list the source, the annual amount you will receive and attach a copy of your notification letter or company policy:

Source: _____ \$ _____
Source: _____ \$ _____
Source: _____ \$ _____

IV. CERTIFICATION

I certify that to the best of my ability, the information submitted on this application and the Free Application for Federal Student Aid (FAFSA) are true and accurate. I understand that I must be accepted into a degree-seeking student and for most financial aid programs, must enrolled at least half-time (6 hours per semester for undergraduate, 4 hours per semester for graduate). I also understand that any changes to my enrollment plans can impact my eligibility for financial aid. I understand that I may be asked to submit further information to the Financial Aid Office in order to complete my financial aid application. I understand that I must reapply every year.

Signature _____ Date _____

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