

**FINANCIAL AID INFORMATION FORM**

|  |
| --- |
| **To be completed by the financial aid office where the applicant will be enrolled during the terms of the award.** |

NAME OF APPLICANT\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The student will pay  **resident**  **nonresident** or  **universal** tuition for the academic year.

Please list costs per semester/quarter at the appropriate residency status. (This application will not be considered without cost information; use most recent figures available and the amount will be adjusted before checks are issued.)

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Year** | **Semester** | **Quarter** |
| **Tuition** | $ | $ | $ |
| **Required Fees** | $ | $ | $ |

Clarifying comments or special information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Indicate date when the semester/quarter shall begin:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please indicate the years in which athletics aid was received.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Year** | **Institution** | **Full Athletics Aid** | **Partial Athletics Aid** | **Pell Grant** | **Student-Assistance Fund** |
|  |  | **$** | **$** | **$** | **$** |
|  |  | **$** | **$** | **$** | **$** |
|  |  | **$** | **$** | **$** | **$** |
|  |  | **$** | **$** | **$** | **$** |
|  |  | **$** | **$** | **$** | **$** |

If award is granted, payment should be mailed to:

|  |
| --- |
| Name: E-mail address: |
| Title: |
| Campus address: |
| City, State, Zip code: |
| Phone: Fax: |

Your signature below indicates that your office will:

1. Handle the disbursement of funds under institutional policy and procedure for refund and repayment as outlined in federal regulations;

2. Reduce the NCAA award if the NCAA award and institutional aid exceed the institutional budget used for awarding Title IV aid for the general student population;

3. Notify the NCAA if the student fails to complete the required hours with a 2.00 grade-point average or better on a 4.00 awards scale during the first term of the award and a cumulative grade-point average of 2.50 on a 4.00 awards scale; and

4. Refund the appropriate amount to the NCAA should the student realize a reduction in cost due to a change in residency or enrollment status.

Financial Aid Officer Signature Title Date

Name (Area code) Phone number E-mail address