

**FINANCIAL AID INFORMATION FORM**

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| **To be completed by the financial aid office. Because financial aid information can affect eligibility for this award, this information must be presented accurately and completely.** |

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** | $ | $ | $ |
| **Cost of attendance** | $ | $ | $ |

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

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

Has the applicant ever been determined to be eligible for need-based financial aid? Yes  No

If yes, please indicate type, amount and dates

|  |  |  |
| --- | --- | --- |
| **Type of need-based financial aid received by the student** | **Amount** | **Date** |
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|  |  |  |
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|  |  |  |

If award is granted, payment should be mailed to:

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

Please indicate years in which athletics-related aid was received. (Athletics-related aid is a major qualification for this award. This application will not be considered without this information).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Year** | **Institution** | **Full** | **Partial** | **Amount** |
|  |  |  |  |  |
|  |  |  |  |  |
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|  |  |  |  |  |

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