

FINANCIAL AID APPLICATION

STUDENT'S NAME _____ SS# _____ - _____ - _____

ACADEMIC QUALIFICATIONS

Please check the appropriate box:
(Select only one)

- | | |
|--|-----------------------------------|
| <input type="checkbox"/> High School Graduate | HS Graduation Date _____ |
| <input type="checkbox"/> GED Recipient | GED Completion Date _____ |
| <input type="checkbox"/> High School Equivalency | HS Equivalency Issued Date _____ |
| <input type="checkbox"/> Home School | Home School Completion Date _____ |
| <input type="checkbox"/> ATB | |

OTHER POST-SECONDARY INSTITUTIONS

Please list below every college or post-secondary school attended. Students who have previously attended other colleges may have a financial aid history that affects their eligibility for FSA funds at this school. If you have never attended a post-secondary school, please indicate that by writing "NONE" or "N/A".

Name of College	Street, City, State, Zip	Dates Attended

UNUSUAL CIRCUMSTANCES

If you feel there are unusual circumstances concerning your need for financial assistance that should be considered by the Financial Aid Office, please explain below or on a separate sheet.

Signature of Applicant

Date

Signature upon Re-entry

Date