

SCHOOL OF CONTINUING AND PROFESSIONAL STUDIES 2010-11 FINANCIAL AID INSTITUTIONAL APPLICATION

Please Print:

Applicant Name _____
Social Security Number _____ **Date of Birth** ____/____/____
Street Address _____
City, State, Zip Code _____
Preferred Phone Number(s) _____
Email Address(es) _____ **Expected Graduation Date** _____

1. Your financial aid is dependent on the number of credits you will enroll in each semester. You must be enrolled at least half-time (6 credits or more per semester) in order to be considered for federal funds. (Half-time enrollment is between 6-11.5 credits per semester, full-time enrollment is 12 or more credits per semester.) Any change to the enrollment you indicate below may affect your financial aid eligibility and must be reported immediately to the Financial Aid Office.

Please indicate the number of credits that you will take for each of the following sessions:

Fall '10 Semester (Session 1) _____ + (Session 2) _____ = **Total Fall '10 Semester** _____
Spring '11 Semester (Session 1) _____ + (Session 2) _____ = **Total Spring '11 Semester** _____
Summer '11 Semester (Session 1) _____ + (Session 2) _____ = **Total Summer '11 Semester** _____

To be considered for a PHEAA State Grant, you must be enrolled in BOTH 8 week sessions per semester.

2. In order for the financial aid staff to determine your financial aid eligibility, you must submit this Institutional Application as well as the 2010-11 Free Application for Federal Student Aid (FAFSA).

Have you submitted the 2010-11 FAFSA? Please circle: **YES, I have** or **NO, I have not**
 If you answered NO, please go to www.FAFSA.ed.gov and file your FAFSA as soon as possible.

3. If you are receiving outside funding, please indicate all gifts, scholarships, or reimbursements that you will receive for the 2010-11 academic year. Include employer reimbursement, vocational rehabilitation benefits, veteran benefits, and outside scholarships.

Please indicate the amount of outside funding you will receive: _____

4. If you are affiliated with any of the following, you may be entitled to a tuition discount: Albert Einstein Medical Hospital, the Philadelphia Police Department, the PJA School, Montgomery County Community College, or Community College of Philadelphia, Delaware County Community College.

Please indicate your affiliation with any of the above: _____

5. Men aged 18 through 25 are required to register with the Selective Service System in order to receive federal funding. If you are between the ages of 18-25 and have not registered, please register at www.sss.gov as soon as possible. If you are over the age of 25 and have not registered for the Selective Service, please contact the Financial Aid Office *immediately*.

6. Please circle your housing status:

Commuter

Living with parents, relatives, or friends who are providing you with room and board without charge.

Off-Campus

Living in your own apartment or house for which you are financially responsible.

7. By signing below, I agree that I have read and understood the above information and that I must submit the 2010-11 FAFSA and return this application in order to qualify to receive federal funding. I also understand that, if eligible for the PHEAA State Grant, I must be enrolled in both 8 week sessions per semester.

Signature of Student: _____ **Date:** _____

PLEASE RETURN THIS APPLICATION TO THE FINANCIAL AID OFFICE VIA MAIL, FAX, OR IN PERSON.

