



# Supplemental Financial Aid Information for Graduate Students 2016-2017 YEAR

## Personal Data

Legal Name \_\_\_\_\_ Social Security \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
*Last First M.I.*

Address \_\_\_\_\_  
*Number and Street City State Zip Code*

Home Phone # \_\_\_\_\_ Birth Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
*Month Date Year*

## Outside Awards

Will you receive, or do you anticipate receiving, any assistance for 2016/2017 from ANY outside sources? (NOT from the College of Saint Elizabeth’s Office of Financial Aid) Yes \_\_\_ No \_\_\_

If yes, report the source(s) and amount(s) below: *(Please forward a copy of your outside award notice to this office.)*

SOURCE(S)	AMOUNT(S)	SOURCE(S)	AMOUNT(S)
_____	_____	_____	_____
_____	_____	_____	_____

## Academic Information

Degree Program (circle one): M.A. M.S. Ed.D. Psy.D. Certificate Program: \_\_\_\_\_  
*Name of Program*

Please indicate the total number of credits for which you intend to register in each semester of the 2016/2017 academic year. Please be as accurate as possible in estimating your credit load for the next year. Your financial aid award will be made with this information in mind.

PLEASE NOTE: YOU MUST ENROLL FOR AT LEAST SIX (6) CREDITS IN EACH SEMESTER IN ORDER TO BE ELIGIBLE TO RECEIVE FINANCIAL AID (LOANS).

### ED.D. or PSYD. Only

Fall Term: (Aug. - Dec.) credits \_\_\_\_\_ **OR** Maintaining full-time or part time OR Dissertation  
*(Circle one)*

Spring Term: (March - May) credits \_\_\_\_\_ **OR** Maintaining full-time or part time OR Dissertation  
*(Circle one)*

Summer Term (May - Aug.) credits \_\_\_\_\_

**M.A. M.S. Certificate Program**

(Please indicate the number of credits enrolled in each term.)

Fall Semester: credits \_\_\_\_\_

OR Maintaining full-time or part time  
(Circle one)

Session A: credits \_\_\_\_\_

Session B: credits \_\_\_\_\_

January Term: credits \_\_\_\_\_

Fall Semester: credits \_\_\_\_\_

OR Maintaining full-time or part time  
(Circle one)

Session A: credits \_\_\_\_\_

Session B: credits \_\_\_\_\_

LOAN AMOUNT REQUESTED \$ \_\_\_\_\_ .

**Request for Increase of Loan**

Students requesting an increase of their loans beyond the awarded loan amount, please indicate the amount and explanation for funding request. (I.e. Dietetic Intern)

**Certification Statements**

- I certify that I will use any Federal Title IV, HEA funds I receive during the award year covered by this application solely for expenses related to my attendance at the institution of higher education that determined or certified my eligibility for those funds
- I certify that I do not have any property subject to a judgment lien for a federal debt.
- I understand that if I am selected for verification, I will need to update family size, number in college, and dependency status.

All the information provided by me on this form is true and complete to the best of my knowledge. If asked by an authorized official, I agree to give proof of the information that I have given on this form. I realize that this proof may include a copy of my U.S. or state income tax return. I also realize that if I do not give proof when asked, the student may be declined aid.

Signature of APPLICANT \_\_\_\_\_

Date \_\_\_\_\_

College of Saint Elizabeth does not discriminate on basis of race, color, national origin, sex, disability, and age in admission of students, in any of its programs or activities, and in its employment practices. (Information provided in compliance with Title IX, Section 504, and the Age Discrimination Act.)