

## APPLICATION FOR FINANCIAL AID 2008 - 2009

All students applying for financial aid must complete and return this application to the Office of Financial Aid. Incomplete forms may delay or reduce possible awards.

1. Name \_\_\_\_\_ 2. Soc. Sec.# \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
           Last                      First                      Md.

3. Address \_\_\_\_\_  
   No. & Street                                      City  
 \_\_\_\_\_   
   County    State                      Zip

4. Home Telephone (    ) \_\_\_\_\_ - \_\_\_\_\_      Student cell phone # (    ) \_\_\_\_\_ - \_\_\_\_\_

5. Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_      Student e-mail address \_\_\_\_\_

6. Check appropriate school: \_\_\_\_ Undergraduate Day School  
                                   \_\_\_\_ Continuing Education    \_\_\_\_ Day \_\_\_\_ Evening  
                                   \_\_\_\_ Weekend Program

7. Anticipated attendance for the Academic Year 2008-2009  
       \_\_\_\_ Fall and Spring  
       \_\_\_\_ Fall 2008 **only**  
       \_\_\_\_ Spring 2009 **only**

8. Enrollment Status:                      9. Admissions Status:  
    \_\_\_\_ Full-time                            \_\_\_\_ Freshman  
    \_\_\_\_ 3/4 time                            \_\_\_\_ Transfer  
    \_\_\_\_ 1/2 time                            \_\_\_\_ Readmitted  
    \_\_\_\_ Less than 1/2 time

10. Have you previously attended any colleges/universities other than Delaware Valley College? \_\_\_\_ yes \_\_\_\_ no      11. If yes, how many years? \_\_\_\_\_

Did you receive Financial Aid?      \_\_\_\_ Yes    \_\_\_\_ No

<u>Name of College/University</u>	<u>Address</u>	<u>Dates of Attendance</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**COMPLETE REVERSE SIDE**

12. Expected residence during the school year will be:

\_\_\_\_ On Campus/Dorm Resident

\_\_\_\_ With Parents

\_\_\_\_ **Off Campus NOT residing with parents. Provide address and phone number of off campus address, if known. *This must be provided to the Financial Aid Office when available.***

\_\_\_\_\_

\_\_\_\_\_

Off campus phone # (\_\_\_\_) \_\_\_\_\_

13. Intended major: \_\_\_\_\_

14. Anticipated graduation date: \_\_\_\_\_

15. Degree you plan to earn? \_\_\_\_ Bachelor \_\_\_\_ Associate \_\_\_\_ Certificate Program

16. Are you attending DVC on a Student Visa? \_\_\_ yes \_\_\_ no

17. List any anticipated support from a source other than the Delaware Valley College Office of Financial Aid. Include Student Assistance Compensation, tuition assistance, private scholarships, veterans benefits, vocational rehabilitation, etc.

Source: \_\_\_\_\_ Amount: \_\_\_\_\_

Source: \_\_\_\_\_ Amount: \_\_\_\_\_

18. Please list below any jobs, significant activities, awards, community service, etc. that you have been involved in during the past year:

19. Please list below any additional information that might be helpful in accurately assessing your need for financial aid: