

NDNU Financial Aid Application Form • Summer 2005/Fall 2005/Spring 2006

Please complete this form and return it to the Office of Student Financing as soon as possible, as we need this information to prepare an accurate student financing aid award for you.

Last Name (please print)	First Name	MI	NDNU Student ID #	Social Security Number
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Step 1. Program: Please check the appropriate box.

- Part Time Undergraduate
- Evening Intensive Program Student
- Teaching Credential Student
- Post-Bac Pre-Med Certificate / Other Certificate Program Student

For the above three programs, each student **MUST** enroll in a minimum of 6 units/term to be eligible for a Federal Stafford Loan.

- Graduate Student (Indicate Program _____)
- Art Therapy Certificate Program Student

For the above two programs, each student **MUST** enroll in a minimum of 4.5 units/term to be eligible for a Federal Stafford Loan.

If you **are not** changing programs through Spring, 2006, please go to **Step 2**.

If you **will** be changing programs between terms (e.g. from the teaching credential program to a graduate program), please indicate the anticipated change:

From _____ to _____ in _____ of 20____
1st program 2nd program Fall/Spring/Summer year

Step 2. Units: Please indicate the number of units in which you will be enrolled AT NDNU for the given term

In SUMMER, 2005, I am enrolled/will enroll in _____ units.

In FALL, 2005, I am enrolled/will enroll in _____ units.

In SPRING, 2006, I am enrolled/will enroll in _____ units.

Note: A change in units may affect your eligibility for financial aid funds. *Please advise our office immediately if your planned course load changes as this may affect your overall aid. Late notification may cause a delay in the disbursement of funds.*

Step 3. Consortium: I have a signed consortium agreement with another institution.

- No, and I have no plans to do so (**Please continue to Step 4**)
- No, but I plan on doing so (**STOP. Please complete the consortium form and have it signed before submitting this form**)
- Yes (**Please attach a copy of the signed consortium form, and cont. to Step 4**)

Step 4. Housing: Please indicate your housing plans for the 2005-2006

academic year: On Campus Commuting Parents'/Relatives' Home

Step 5. External Funds:

Will you receive any outside scholarships in 2005-2006?

Yes No Amount: \$ _____

Will you receive any tuition reimbursement benefits for 2005-2006?

Yes No Amount: \$ _____

Step 6. FAFSA:

I have already filed a 2005-2006 FAFSA

I will file my FAFSA by the following date: _____

Step 7. Graduation: Please indicate when you anticipate graduating:

Summer, 2005

Fall, 2005

Spring, 2006

Summer, 2006, or later

Step 8. Disclosure of Information Statement: To protect the privacy of students and families, federal law sets certain conditions on the disclosure of personal information from records kept by the schools that participate in the Student Financial Aid Programs. Notre Dame de Namur University is able to disclose financial information to the student's parent only if the student is a **dependent** of the parent as defined by the IRS or the student signs a waiver in the NDNU Registrar's Office. For married students, disclosure will be made only to the student receiving financial aid.

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Required Signature: My signature below affirms that I have completed and/or read **Steps 1 – 8** above and that I have read and understand the Unit Requirement for Stafford Loan Eligibility as given in **Step 1** above. Also, by signing this form I certify that all the information reported is complete and correct.

Student Signature

Date

Submit form to:

Notre Dame de Namur University • Student Financing Office
1500 Ralston Avenue • Belmont, California 94002-1997
Phone (650) 508-3600 • Fax (650) 508-3635

