



# Application for Financial Aid 2024-2025

TITLE IV CODE: 014073

Last Name:		First Name:	
Social Security #:		Date of Birth:	
Permanent Address:			
Permanent Phone #:		Phone #:	Email:
I will be living: <input type="checkbox"/> with Parents / Relatives		<input type="checkbox"/> on my own	
I am a: <input type="checkbox"/> U.S citizen		<input type="checkbox"/> Permanent Resident, Alien Registration #:	
Name of High School:		Graduation Date:	
Address of High School:			
Name of College Previously attended:			State:
Dates Attended:		Degree or Certification Earned	
Name of College Previously attended:			State:
Dates Attended:		Degree or Certification Earned	
I am attending: <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> Semester Abroad (specify):			
My Program is: <input type="checkbox"/> M. Arch 1 <input type="checkbox"/> M. Arch 2 <input type="checkbox"/> Thesis <input type="checkbox"/> EDGE			
Studio Level:		Enrollment:	<input type="checkbox"/> Full Time <input type="checkbox"/> Half Time <input type="checkbox"/> Three Quarter Time
I am interested in the following: <input type="checkbox"/> Unsubsidized Stafford Loan <input type="checkbox"/> Private Loan <input type="checkbox"/> Graduate PLUS Loan			
<input type="checkbox"/> Work-Study			

By signing this document, I hereby certify the following:

1. I have read and understand all information provided to me on this document.
2. I certify that the answers I have given are true, complete and correct to the best of my knowledge.
3. I have completed the FAFSA and am providing all documents required by the Financial Aid Office in a timely manner.
4. I understand that any changes to the information I have provided on this document may require a revision to my financial aid awards. I also understand that if there are changes made to any of this or FAFSA's information (which may change my eligibility) after I have received my financial aid check, I may be required to pay back part or all funds received.
5. I understand that if I do not accept all awards given to me and there is a tuition balance due, that it is my responsibility to pay the balance prior to the beginning of each semester or make immediate arrangements with the Finance Office.

Name:	Signature:	Date:
-------	------------	-------