



**INSTITUTIONAL APPLICATION FOR FINANCIAL AID  
STUDENTS NOT ELIGIBLE TO FILE 2016-2017 FAFSA**

**This form must be completed and returned the Financial Aid Office before any financial aid can be awarded for the 2016-2017 year. Consideration will be based upon the date this form is received.**

Full Name: \_\_\_\_\_  
(Last) (First) (Middle)

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Address: \_\_\_\_\_

Major: \_\_\_\_\_

Expected Date of Graduation: \_\_\_\_\_

I will be living: ( ) On campus ( ) Off campus

I have previously attended the following colleges (included city and state):

Institution	Date Attended	
_____	From _____	To _____
_____	From _____	To _____
_____	From _____	To _____

Name of parent of guardian: \_\_\_\_\_

Address of parent or guardian: \_\_\_\_\_  
\_\_\_\_\_

Period for which assistance is requested (check all that apply):

Summer 2016\_\_\_\_ Fall 2016\_\_\_\_ Spring 2017\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_