

OTTAWA UNIVERSITY INSTITUTIONAL APPLICATION

2008-09 FINANCIAL AID WORKSHEET INFORMATION

Course Enrollments: The information on this form enables us to certify your student loan. Please complete the following areas as completely and accurately as possible. **Leave no blanks. If "none" or "NA," please indicate so.**

Print Name: _____ Social Security Number: _____

At this time, I intend to enroll for the following number of semester credit hours each term. Graduate students please tell us what your enrollment intentions are for the next four terms (e.g. SU, FA, SP, SP2). Undergraduate and teacher certification students please tell us what your enrollment intentions are for the next six terms.

SU (July): _____ number of semester credit hours	SP (Jan): _____ number of semester credit hours
FA (Aug): _____ number of semester credit hours	SP2 (Mar): _____ number of semester credit hours
FA2 (Oct): _____ number of semester credit hours	ES (May): _____ number of semester credit hours

Which location will you be attending? (circle one) Arizona Greater Kansas City Indiana Wisconsin Online

Term or Date you expect the above loan period to begin: _____

Students transferring to Ottawa University, please indicate the credits you expect to transfer in _____

Which program are you enrolled in? (mark only one):

- () Undergrad. Certificate () Tech Skills () Undergrad BA () Teacher Cert. (Post Bac.) () Post Bac. Certificate () MBA
 () MA in Counseling () MA in Education () MA in HR () CAGS () Health Care () Online Undergrad () Online Grad

What is your anticipated graduation/completion date for your current program? _____

Number of people for whom you pay dependent care expenses (i.e. baby sitting, day care, elder care): _____

How much and what type of financial assistance, if any, do you expect to receive from another source (i.e. VA, employer reimbursement, scholarships, Voc. Rehab. etc.)? **Please specify type and amount** (attach a separate page if needed):

Type: _____ Amt \$ _____ Type: _____ Amt \$ _____

HAVE you or WILL you attend any **other** school after **JULY 1, 2008**? Please indicate below. (You are required to provide us with this information **regardless of whether you received financial aid**). If none, please write **"none."**

Previous Schools Attended (including city/state)	Dates Attended
Since July 1 st 2008	Month/Year To Month/Year
	_____/20____ to ____/20____
	_____/20____ to ____/20____
	_____/20____ to ____/20____

I certify that this information will be used to determine my eligibility for federal student aid and is complete and correct to the best of my knowledge. I understand and agree with all information provided in this application and understand that my eligibility for Title IV federal financial aid can be affected if I take fewer credits than indicated and that it is a crime to provide false information when applying for financial aid. In addition, I hereby authorize Ottawa University to apply current funds to any previous balance due from prior fiscal years, up to \$200. My signature below is authorization to Ottawa University to credit my tuition account electronically with funds received via Electronic Funds Transfer (EFT) where applicable.

Signature: _____ Date: _____