

# OTTAWA UNIVERSITY TRANSFER STUDENT DATA SHEET

## 2018-19 FINANCIAL AID WORKSHEET INFORMATION

**Course Enrollments:** 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, my intended enrollment status is (please mark only one for each Semester):

**FALL:**    \_\_\_\_\_ 12+ hours (full time)    \_\_\_\_\_ 9-11 hours (3/4 time)    \_\_\_\_\_ 6-8 hours (1/2 time)    \_\_\_\_\_ < 6 hours  
**SPRING:**    \_\_\_\_\_ 12+ hours (full time)    \_\_\_\_\_ 9-11 hours (3/4 time)    \_\_\_\_\_ 6-8 hours (1/2 time)    \_\_\_\_\_ < 6 hours  
**SUMMER:**    \_\_\_\_\_ 6+ hours (full time)    \_\_\_\_\_ 3-6 hours (part-time)    \_\_\_\_\_ < 3 hours

**Financial assistance you expect to receive from another source** (i.e. outside (non-Ottawa) scholarships, Veterans' benefits, Vocational Rehabilitation, Tribal Grant, etc.): **Please specify type and amount** (attach a separate page if needed). If you have no financial assistance from another source, please write "none":

Type: \_\_\_\_\_ Amt \$ \_\_\_\_\_    Type: \_\_\_\_\_ Amt \$ \_\_\_\_\_  
 Type: \_\_\_\_\_ Amt \$ \_\_\_\_\_    Type: \_\_\_\_\_ Amt \$ \_\_\_\_\_  
 Type: \_\_\_\_\_ Amt \$ \_\_\_\_\_    Type: \_\_\_\_\_ Amt \$ \_\_\_\_\_  
 Type: \_\_\_\_\_ Amt \$ \_\_\_\_\_    Type: \_\_\_\_\_ Amt \$ \_\_\_\_\_  
 Type: \_\_\_\_\_ Amt \$ \_\_\_\_\_    Type: \_\_\_\_\_ Amt \$ \_\_\_\_\_

**HAVE you attended or WILL you attend any other school (other than High School) after JULY 1, 2018?** Please indicate below. (You are required to provide us with this information regardless of whether you received financial aid). If none, please write "none."

Other Schools Attended after High School <u>since July 1, 2018</u> (include city/state)	Dates Attended 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.

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