

1. APU ID # _____ - _____ - _____ (If known) 2. Social Security Number _____ - _____ - _____

3. Student Name _____
Last _____ First _____ M.I. _____

4. Home Address _____
 Check if new address Street _____ City _____ State _____ ZIP _____

5. Phone (____) _____ - _____ (____) _____ - _____ 6. _____
Home Number Day-time Number Email Address

7. Where will you live in 2008-2009? With Parents Off-campus On-campus

8. Check your advising sheet and write-in the **number of units** you will be taking for **each term** you are requesting aid. You must be enrolled at least halftime each semester in order to receive financial aid. (See the Graduate catalog for Study Load requirements) Notify your Student Account Counselor of any changes in the units you indicate below, as changes will affect your financial aid award.

(DPT, MFA, CSA, DMIN, H. Ed Doct. ONLY)

| | | | |
|---|--|--|---|
| ↓ | ↓ | | |
| Summer 08 units _____ | Fall 08 units _____ | Spring 09 units _____ | Summer 09 units _____ |
| Summer 1, 08 units _____ | Fall 1, 08 units _____ | Spring 1, 09 units _____ | Summer 1, 09 units _____ |
| Summer 2, 08 units _____ | Fall 2, 08 units _____ | Spring 2, 09 units _____ | Summer 2, 09 units _____ |
| Summer 3, 08 units _____ | | | Summer 3, 09 units _____ |
| Total Sum Units | Total Fall Units | Total Spring Units | Total Sum Units |

IMPORTANT: You must register for all the units in the season (e.g. Fall, Fall 1 and Fall 2) in order for your financial aid to be disbursed. Breaks in enrollment could reduce your overall aid award.

9. Will you be receiving Faculty/Staff Benefit, CSA Discount, Company Reimbursement, Nursing Traineeship, Stamps or Friends Scholarship, Cal Grant, and/or any other Institutional or Outside Aid?
 No Yes (list the type and amount of each) _____

10. Will you have a spouse and/or dependent attending APU in 2008-09? No Yes (list name and ID# below)
First and Last Name of **Spouse** _____ APU ID# or SSN _____
First and Last Name of **Dependent** _____ APU ID# or SSN _____

11. List any COLLEGE/UNIVERSITY you will attend or have attended **in 2008-2009** while attending Azusa Pacific University (include community colleges and correspondence courses). **Do not list APU for this question.**

| Name of College/University | Start Date (mo/yr) | End Date (mo/yr) | NSLDS Alert- office use only |
|----------------------------|--------------------|------------------|------------------------------|
| | | | Date ____/____/____ |

By signing this form, I affirm that all information on this form and any attachments are complete and accurate to the best of my knowledge. If requested, I agree to provide documentation to support the information I have provided on this form.

Student Signature _____/_____/_____
Date