

Application for Financial Aid

Undergraduate Evening Studies 2008-2009 Academic Year

Complete this form for all financial aid (loans or grants). If you are applying for loans and grants, you must complete the Free Application for Federal Student Aid (FAFSA), available at www.fafsa.ed.gov. For information or assistance, contact the Office of Financial Aid at (864) 294-2204 (phone), (864) 294-3127 (fax), or financial.aid@furman.edu (email).

CONFIDENTIAL

PART I

Full Name _____
Last First Middle Preferred

Home Address _____ (____) _____
Number and Street City State Zip Home Phone
(____) _____
Cell Phone

Social Security Number _____ Date of Birth ____/____/____

Birthplace _____ Email address _____

College(s) Attended _____
Attach separate sheet to list all colleges attended, if necessary.

U.S. citizen? Yes No, but I am an eligible non-citizen
Please provide alien registration number: _____

Places of employment:

Self: _____ Work Phone (____) _____
Fax Number (____) _____
Spouse: _____ Work Phone (____) _____
Fax Number (____) _____

Completion of the FAFSA is required for the following: Federal Pell Grant, Federal Supplemental Educational Opportunity Grant, Federal Stafford Loan, and South Carolina Tuition Grant.

Will you complete the FAFSA? Yes No
If yes, indicate the date you submitted or plan to submit the FAFSA. _____

Indicate current status: Freshman Sophomore Junior Senior

Intended Major: _____

Will your employer pay for part or all of your tuition expenses? Yes No
If yes, how much will your employer pay each term? \$ _____

How many Credit Hours are you planning to take for each term of enrollment during this academic year?
Summer 2008 _____ Fall 2008 _____ Spring 2009 _____
If you plan to take classes for terms beyond the Spring 2009 term, new forms will be required.

(continue on back)

PART II

All South Carolina Tuition Grant and/or LIFE scholarship recipients must complete an affidavit **annually** in order to receive the grant:

By signing this document, I affirm that *As a South Carolina Tuition Grant and/or LIFE scholarship recipient, I certify that I have not been convicted of any felonies. Further, I certify that I have not been convicted of an alcohol or drug related misdemeanor offense during the preceding calendar year defined as 12 months from the date of the start of school for the period of this award. If I am adjudicated, delinquent or am convicted or pled guilty or nolo contendere to any felonies or any second or subsequent alcohol or drug related misdemeanor offenses under the laws of this or any other state, I agree to notify the Office of Financial Aid by the start of school. I hereby give permission for the background check to be conducted to verify the above. I understand additional information may be requested after the background check has been conducted.*

Any false information provided by the student or any attempt to expend any scholarship funds for unlawful purposes or any purpose other than in payment or reimbursement for the cost of attendance at the institution authorized to award the scholarship and/or grant will be cause for immediate cancellation. Any student who has obtained a scholarship through means or a willfully false statement or failure to reveal any material fact, condition, or circumstances affecting eligibility will be subject to applicable civil or criminal penalties, including retroactive loss of the scholarship and/or grant.

I also affirm that I am presently not in default on any Federal or State student loans nor to I owe any refunds to any Federal or State financial aid programs.

For purposes of determining my LIFE scholarship grade point average (GPA), I certify that I have submitted previous and current official transcript(s) for all South Carolina institutions I have ever attended. I also affirm that if I take courses after signing this document, I will submit any additional transcripts to my home institution. I understand that this information will be used to determine my LIFE Scholarship GPA only and will not be used for my institutional academic standing or for graduation purposes.

Student's Signature

Date

PART III

To be completed by students applying for the Federal Stafford Loan Program:

LOAN PERIOD: _____ - _____ GRADE LEVEL: _____
1st day of classes last day of exams Based on Credit Hours Earned
FR= less than 28 hours/ SO=28-57 hours/ JR=58-87 hours/ SR=at least 88 hours (128 are required to graduate)

ANTICIPATED GRADUATION DATE: _____ LENDER, IF NOT SC STUDENT LOAN: _____

LOAN AMOUNT REQUESTED: FR=\$3,500 SO=\$4,500 JR=\$5,500 SR=\$5,500 Other:\$ _____
(Please check one of the above or write in requested other amount.)

Check if you want to borrow an additional unsubsidized Stafford Loan:

FR=\$4,000 SO=\$4,000 JR=\$5,000 SR=\$5,000

(Students planning to enroll in any summer session should include these expenses when requesting an academic year loan.)

STUDENT MUST COMPLETE THE FAFSA FOR LOAN PROCESSING AND MUST BE ENROLLED AT LEAST "HALF TIME" TO RECEIVE A FEDERAL LOAN

Have you ever borrowed through the Stafford Loan Program at Furman? Yes No

If you answered "no," all first time borrowers at Furman must complete entrance counseling (<http://mapping-your-future.org/entrancecounseling>) before funds can be disbursed. Exit counseling (<http://mapping-your-future.org/exitcounseling>) must be completed before leaving the University.

PART IV

This form is needed to complete your file. Please sign and return to the Office of Financial Aid.

NOTE: This is a federal government regulation which requires us to obtain your signature to allow any balance to remain on your account until you request a refund.

TITLE IV FINANCIAL AID CREDIT BALANCE AUTHORIZATION

If my Title IV financial aid exceeds the charges for tuition, fees, room and board, and other allowable charges as determined by the U.S. Department of Education, I authorize Furman University to retain a credit balance on my student account, unless I request a refund.

I understand that this authorization will remain in effect for all subsequent award years I attend Furman until written notification of my intention to rescind this authorization is received by the Office of Financial Aid.

Student's Name (please print)

Social Security Number

Student's Signature

Date

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