

INSTITUTIONAL APPLICATION
FOR CAMPUS – BASED PROGRAMS

This application must be completed in its entirety before any consideration will be given. Check with your Financial Aid Office for the appropriate deadline dates for submitting this application.

_____ College Work Study – (Job Location Preference: _____)

_____ Federal Supplemental Educational Opportunity Grant

*Check only one – if you wish to apply for more than on program, use a separate application for each.

NAME _____

SOCIAL SECURITY NUMBER _____

PLANNED ENROLLMENT:

I plan to attend the following terms in the 20__ - 20__ Financial Aid Year:

Please CIRCLE the appropriate status for EACH term:

NA = Not Attending	SPRING :	NA	LHT	PT	FT
LHT = Less than Half-time (1 to 5 credits)	FALL :	NA	LHT	PT	FT
PT = Part-time (6 to 11 credits)	WINTER :	NA	LHT	PT	FT
FT = Full-time (12 or more credits)					

STUDENT SIGNATURE _____ DATE _____

-Office use only:

EIGHT MONTH FC FOR FSEOG ELIGIBILITY _____

This Campus-Based Eligibility Analysis is based on _____ months:

COST OF ATTENDANCE

Tuition and Fees	_____	COA	_____
Books and Supplies	_____	FC	- _____
Room and Board	_____	Need	= _____
Personal	_____		
Transportation	_____	Need	_____
Other	_____	Other Aid	- _____
		Max C/B Aid	= _____
TOTAL COA	_____		