

2003-2004 WNMU FINANCIAL AID INSTITUTIONAL APPLICATION FORM

*****PLEASE PRINT CLEARLY

Social Security # _____ Last Name _____ First Name _____ MI _____

Date of Birth _____ Driver's License # _____ State _____ State of Legal Residence _____

Permanent Mailing Address _____ City _____ State _____ Zip Code _____ Permanent Phone # _____

Local Mailing Address _____ City _____ State _____ Zip Code _____ Local Phone # _____

Primary E-mail Address _____

Where do you wish to live while in school? _____ With Parents _____ Campus Housing _____ Off Campus _____

For what terms are you requesting aid? _____ Fall 2003 _____ Spring 2004 _____ Summer 2004

Planned enrollment status: Fall 2003: 12-up hours (Full time) 9-11 hours (3/4 time) 6-8 hours (1/2 time) 5 or less (Less than 1/2 time)

Spring 2004: 12-up hours (Full time) 9-11 hours (3/4 time) 6-8 hours (1/2 time) 5 or less (Less than 1/2 time)

Summer Session 2004: 12 hours (Full time) 9-11 hours (3/4 time) 6-8 hours (1/2 time) 5 or less (Less than 1/2 time)

Classification for 2003-2004: Beginning Freshman Second Bachelor or Certification Transfer Student Continuing Graduate

Last term enrolled at WNMU: _____

Total college hours completed as of date of application: _____ Expected date of graduation: _____

Major: _____

Colleges, Vo/Tech., or proprietary schools previously attended and/or currently attending:

School	City	State	Credit Hours	From	To	Degree Received	Type of aid received

Name of High School attended: _____ High School/GED grad date: _____

Parents Name: _____

Address: _____ City: _____ State: _____ Zip code: _____

Father's Employer: _____ Mother's Employer: _____

Spouse's name: _____ Spouse's employer: _____

Type of aid requested (Please check all that apply):

Grant
 Stafford Loan
 Perkins Loan
 Student Employment
 Activity Scholarship _____
 Academic Scholarship(s)*
 (Name activity)
 Other

***Please Note there will be a March 31, 2003 deadline for most Academic Scholarships.**

Beginning Freshmen Only

This section must be completed by high school official if applicant wishes to be considered for academic scholarship assistance.

Cumulative high school grade point average (A-4, B-3, C-2, D-1) _____ ACT test composite score _____

Rank in graduating class _____ Number in high school graduating class _____

Verification by _____ Title _____ Date _____
 Signature of school official

Name of school _____ City _____ State _____ Zip code _____

Authorization

I consent to the release of information concerning my academic and/or financial status to scholarship donors.

ALL OF THE INFORMATION ON THIS APPLICATION IS TRUE TO THE BEST OF MY KNOWLEDGE.

Signature _____ Date _____

For office use only, do not write in this box.

Transfer credit evaluation requested: _____ Transfer: _____ Default: _____ Freshman: _____ Enrollment Status: ____/____/____/____ Acad Status: ____/____/____	EFC: _____ BUDGET: _____ NEED: _____
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Type of Aid	Date	Fall 2003	Spring 2004	Summer 2004
PELLGrant				
NDSL/Perkins				
SEOG				
FWS				
NMSIG				
INSTITUTIONAL GIFT AID				
NURSING				
NM SWS				
FEDERAL SUBSIDIZED				
FEDERAL UNSUBSIDIZED				
IWS				
OTHER				

Type of Resource	Date	Fall 2003	Spring 2004	Summer 2004
JTPA/WIA/TAA				
DVR				
VIETNAM VETERANS				
VA BENEFITS				
WAIVERS (N/R & ATHLETIC)				
EMPLOYEE WAIVERS				
RESIDENT ASSISTANTS				