Office of Student Financial Services
SOUTHWESTERN ADVENTIST UNIVERSITY

For Office Use Only
Date Received

FINANCIAL AID APPLICATION 2011-2012

Last Name _____ First Name _____ MI _____ ID # _____

Permanent Address _____ City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____ Birth Date (mm/dd/yyyy) _____

Please indicate if you will be enrolled in one of the following programs during 2011-2012:

☐ Adventist Colleges Abroad _____ College _____ Country

☐ Clinical Laboratory Sciences _____ Affiliated College

☐ Student Missionary/Task Force _____ Country or Location

☐ English as a Second Language

Father/Stepfather (Circle One)	Mother/Stepmother (Circle One)	Spouse
Name	Name	Name
Address	Address	Address
City State Zip	City State Zip	City State Zip
Occupation	Occupation	Occupation

If you will receive educational subsidy through an SDA organization for which your parent works, please indicate the SDA organization that will pay this subsidy: _____

LOAN SECTION

You will automatically be considered for any scholarships, grants, and other "gift" aid for which you are eligible. In addition, you will be awarded a Federal Direct Loan.

Additional Loans:

☐ Independent Students Only – Indicate the additional amount you are requesting as a Federal Unsubsidized Direct Loan (Freshman/Sophomore maximum of $6000; Junior/Senior maximum of $7000) $_____

☐ Dependent Students Only – Indicate the additional amount you are requesting as a Federal Unsubsidized Direct Loan (maximum $2000) $_____

I certify that the above statements are correct and complete. I understand that incomplete or incorrect information may delay my financial aid process.

Student Signature _____ **Date** _____