



Financial Aid Application

Name: _____
Last First Middle Maiden

Social Security #: _____

Permanent Address: _____
Street City State Zip

Phone #: _____
Home Work

Fax #: _____ E-mail: _____

Other Sources of Aid:

It is your responsibility to inform the Financial Aid Office of all other sources of aid you will be receiving (i.e. Employer Tuition Assistance, Private Educational Loans, Veteran Benefits, Military Tuition Assistance, Military Active Duty Benefits, Scholarships, Stipends, Monetary Gifts, etc.). Please list these sources below:

Source	\$ Amount OR % Amount for Books	Per Course	Per Month	Per Year	\$ Amount OR % Amount for Tuition	Per Course	Per Month	Per Year
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please indicate the types of loans for which you would like to be considered. See the University of the Rockies catalog for additional information on the various Student Financial Aid programs. **Based on eligibility criteria, you will be considered for the maximum loan amount, unless you indicate another amount below.**

Stafford Loans \$ _____

I wish to apply for both Subsidized and Unsubsidized funding.

I wish to apply for Subsidized funding only.

Student Authorizations:

I authorize the crediting of federal financial aid funds directly to my student account to cover educational costs for the payment period covered by the awards. If there are funds remaining on my account after educational costs have been withheld, the proceeds may be applied as follows:

Yes No

I authorize Title IV student financial aid funds to be applied to other current charges for educationally related activities (i.e. books and equipment)

I authorize Title IV student financial aid funds to be applied to prior-year charges (i.e. any charges from previous academic year)

I authorize Title IV student financial aid funds to be retained as a credit balance on my student account for future charges.

*Credit balances must be exhausted by the end date of the student's academic year.

I understand that this form is valid while enrolled at the University of the Rockies and that I may withdraw my approval for any one or all of the above authorizations at any time. This may be accomplished by contacting the financial aid office.

I understand that the interest accrued on any credit balance(s) on my account will be retained by the University.

I certify that the information in this application is correct and complete to the best of my knowledge. I agree to provide all financial information required by the Financial Aid Office to process my application and to notify the office of any change in any information provided on this application. I understand that incorrect or incomplete information could lead to the loss of financial aid, and in certain cases, dismissal from the University.

Student Signature: _____ Date: _____

Please make sure to complete this form in its entirety.

Incomplete forms will be returned and will cause a delay in the processing of your financial aid.