



2012-2013 Application for Financial Aid

Complete this application as well as your FAFSA at www.fafsa.ed.gov for 2012-2013 to be considered for financial aid assistance.

| | | | | | |
|---------------|----|------|---------------------------------------|--|--|
| Name _____ | | | Last four digits of SSN: xxx-xx-_____ | | |
| First | MI | Last | | | |
| Address _____ | | | Phone _____ | | |

Student Type: Undergraduate Graduate Anticipated Completion Date _____

SECTION A: Enrollment/Living Arrangement (complete for each semester)

| Semester | Anticipated Enrollment, please complete for each term | Living Arrangement |
|----------------|---|---|
| Fall 2012 | <input type="checkbox"/> Less than half-time (1-5 credits) <input type="checkbox"/> Half-time (6-8 credits) <input type="checkbox"/> Three-quarter time (9-11 credits) <input type="checkbox"/> Full-time Undergrad (12+ credits) <input type="checkbox"/> Full-time Graduate (9+ credits) | <input type="checkbox"/> On-Campus <input type="checkbox"/> Off-Campus <input type="checkbox"/> W/Parent-relative |
| Spring 2013 | <input type="checkbox"/> Less than half-time (1-5 credits) <input type="checkbox"/> Half-time (6-8 credits) <input type="checkbox"/> Three-quarter time (9-11 credits) <input type="checkbox"/> Full-time Undergrad (12+ credits) <input type="checkbox"/> Full-time Graduate (9+ credits) | <input type="checkbox"/> On-Campus <input type="checkbox"/> Off-Campus <input type="checkbox"/> W/Parent-relative |

SECTION B: Notification of Financial Assistance other than College or Federal Aid

In accordance with federal guidelines, the Financial Aid office is required to take all financial resources into account. **You must notify the Financial Aid office in writing** (include any relevant documentation) of any outside scholarships, grants, tuition assistance, private educational loan, or any form of assistance you will receive at the time you are informed. First effort will be to reduce loans and/or work study before any scholarships or grants.

| Financial Assistance | Fall | Spring |
|----------------------------------|------|--------|
| Tuition Discount Voucher | \$ | \$ |
| Tuition Assistance from Employer | \$ | \$ |
| Scholarship(s) (other than CSJ)* | \$ | \$ |
| Other (please specify) | \$ | \$ |
| | \$ | \$ |

*Please submit a copy of the scholarship information to the financial aid office.

Signature _____ Date _____

Submit to: College of St. Joseph, Financial Aid Office, 71 Clement Rd, Rutland, VT 05701 or Fax: 802-776-5275