



Institutional Financial Aid Application 2006-2007

Complete this form and return to the address above:

Student Information

Last Name: _____ First Name _____ MI _____

ID# _____ Email Address: _____ Date of Birth _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Tuition Reimbursement

Does your employer offer tuition reimbursement? Yes _____ No _____

If so, how much do you receive per class _____ per credit hour _____ per year _____?

Educational Plans

_____ I am a first time student at Argosy University. My expected start date is _____

_____ I am a continuing student at Argosy University.

Which Argosy University location will you attend?

_____ Atlanta	_____ Los Angeles	_____ San Francisco Bay Area	_____ Twin Cities
_____ Chicago	_____ Nashville	_____ Sarasota	_____ Washington DC
_____ Dallas	_____ Orange County	_____ Schaumburg	_____ Other
_____ Denver	_____ Phoenix	_____ Seattle	
_____ Hawai`i	_____ San Diego	_____ Tampa	

Degree Sought

_____ Doctoral _____ Masters _____ Bachelors _____ Associate _____ Student At Large

Expected Date of Graduation: _____ Year: _____

Clinical Psychology students only.

Will you be registered for: _____ Internship only _____ Internship & CRP _____ CRP only

(please turn over)

