



## Institutional Financial Aid Application 2007-2008

Complete this form and return to your campus student finance office.

### Student Information

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

SSN or 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	_____ Inland Empire	_____ San Francisco Bay Area	_____ Tampa
_____ Chicago	_____ Nashville	_____ Santa Monica	_____ Twin Cities
_____ Dallas	_____ Orange County	_____ Sarasota	_____ Washington DC
_____ Denver	_____ Phoenix	_____ Schaumburg	_____ Other
_____ Hawai'i	_____ San Diego	_____ Seattle	

### 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)*

### Additional Information

Information on graduation/completion rates for undergraduate, first-time, full-time students is available through the Admissions Office. These rates are calculated according to guidelines in the "Student Right To Know" Act.

1. What is your state of legal residence? \_\_\_\_\_

2. What year did you begin living in this state? \_\_\_\_\_

3. When did you graduate from high school? \_\_\_\_\_  
Month Year

4. In what city and state was this high school located? \_\_\_\_\_  
City State

5. Did you receive a GED instead of a high school diploma? \_\_\_\_\_  
Yes No

6. If yes, what month and year did you receive your GED? \_\_\_\_\_  
Month Year

7. Have you attended college before? \_\_\_\_\_  
Yes No

8. If yes, complete the information below:

Name of College	State	Dates of Attendance
_____	_____	_____
_____	_____	_____

New Argosy Students Only:

You may choose any lender for your Federal Stafford Loan. We recommend you choose from one of the preferred lenders listed here. If you do not choose a lender, one will be selected for you at random.

#### Argosy University Preferred Lender List

*Please circle your preferred lender.*

- AMS® 833067
- Sallie Mae Education Trust® 802218
- Nellie Mae® 829076
- Student Loan Funding<sup>SM</sup> 831455
- Dollar Bank 822583
- Regions® 810612

**Note:** Students have the right to cancel or reduce the amount of their Federal Stafford loans at any time. Please keep in mind that if you cancel or reduce the amount of your loan, you remain responsible for the payment of all your tuition charges.

#### Authorization and Application of Title IV Funds

**Note:** Title IV Funds are Federal Financial Aid

You are not required to complete this section; however, you may not be allowed to charge miscellaneous fees to your student account unless this section is signed. (You may rescind this authorization at any time by notifying the Office of Student Finance in writing. Cancellation cannot be retroactively applied to funds already received and applied to your account.)

I authorize Argosy University to apply my Federal Title IV funds to my account for educational expenses for all periods of my enrollment within this award year. If I receive Federal Title IV funds that are in excess of my tuition and fees, I request these funds to be applied to other charges billed to my account. I authorize the use of Federal Title IV funds that are in excess of my current year educational costs to pay any prior year outstanding institutional charges.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_