

2014 - 2015 STUDENT AID REQUEST FORM

STUDENT INFORMATION

Last Name: _____ First Name: _____ M _____
 Address: _____ City: _____ State: _____ Zip Code: _____
 Tel. No.: () _____ Email: _____

Personal Reference 1	Personal Reference 2
Name:	Name:
Address:	Address:
City, State, Zip:	City, State, Zip:
Phone#:	Phone#:

ENROLLMENT and LOAN INFORMATION

PROGRAM AND ACADEMIC LEVEL (YEAR IN SCHOOL)	PSY.D. <input type="checkbox"/> 1ST-3RD <input type="checkbox"/> 4th+	M.A. PROGRAM <input type="checkbox"/> M.A. 1 ST <input type="checkbox"/> M.A. 2 ND	ESTIMATED GRADUATION DATE: _____ TERM _____ YEAR
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1. **Cover TUITION ONLY + Government Loan Fees**
2. **Cover TUITION + STUDENT HEALTH INSURANCE PROGRAM + Government Loan Fees**
3. **Federal UNSUBSIDIZED LOAN MAXIMUM (\$20,500/YEAR M.A. PROGRAM; \$33,000/YEAR PSYD)**
4. **GRADUATE PLUS AND UNSUBSIDIZED LOANS up to the Cost of Attendance (maximum allowed by the school)**
5. **OTHER (explain):** _____

STUDENT CERTIFICATION

MY SIGNATURE BELOW CERTIFIES THAT:

1. ALL OF THE INFORMATION CONTAINED ON THIS FORM IS TRUE, COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.
2. I AGREE TO REPORT TO THE FINANCIAL AID OFFICE AT THE WRIGHT INSTITUTE ANY CHANGES IN MY FINANCIAL STATUS, SUCH AS THE RECEIPT AND AMOUNT OF OUTSIDE SCHOLARSHIPS, GRANTS, GIFTS, WORK, OR LOANS.
3. I UNDERSTAND THAT THE FINANCIAL AID OFFICE ENCOURAGES ALL STUDENTS WHO FILE TAXES TO USE THE IRS DATA RETRIEVAL TOOL IN 2014-2015 FAFSA.
4. I UNDERSTAND THAT IF I AM AWARDED FEDERAL WORK-STUDY, THE AMOUNT OF DIRECT UNSUBSIDIZED AND/OR GRADUATE PLUS LOANS FUNDS THAT I AM AWARDED MAY BE REDUCED.
5. I AUTHORIZE THE BUSINESS OFFICE TO USE MY FINANCIAL AID AWARD FUNDS TOWARD PAYMENT OF MY REQUIRED TUITION AND TOWARD HEALTH INSURANCE IF I ENROLL IN STUDENT HEALTH INSURANCE PROGRAM THROUGH THE SCHOOL.
6. I UNDERSTAND THAT MY EXPECTED FAMILY CONTRIBUTION MAY BE OFFSET BY DIRECT UNSUBSIDIZED AND/OR GRADUATE PLUS LOANS FUNDS.
7. I WILL NOTIFY THE FINANCIAL AID OFFICE, IN WRITING, IF I WITHDRAW FROM SCHOOL, TRANSFER TO ANOTHER SCHOOL, OR TAKE A LEAVE OF ABSENCE.
8. I WILL NOTIFY THE FINANCIAL AID OFFICE IN WRITING IF MY CONTACT INFORMATION CHANGES.
9. I UNDERSTAND THAT IF I HAVE EXTENUATING CIRCUMSTANCES REGARDING MY FINANCES, AND WISH TO BE CONSIDERED FOR ADDITIONAL FINANCIAL AID FUNDS,
 I MUST SUBMIT A WRITTEN REQUEST TO THE FINANCIAL AID OFFICE IMMEDIATELY, CLEARLY OUTLINING THE CIRCUMSTANCES AND INCLUDING ANY NECESSARY DOCUMENTATION, TO REQUEST A RE-EVALUATION OF MY FINANCIAL AID APPLICATION.
10. I UNDERSTAND THAT IF I RECEIVE A SCHOLARSHIP, I AUTHORIZE THE COLLEGE TO PUBLISH MY NAME, THE NAME AND AMOUNT OF THE SCHOLARSHIP AWARDED, MY DEGREE OBJECTIVE, MY CLASS YEAR, AND MY HOME TOWN.
11. I HAVE NEVER DEFAULTED ON A STUDENT LOAN.
12. I HAVE NEVER HAD ANY STUDENT LOANS DISCHARGED IN BANKRUPTCY.

STUDENT SIGNATURE : _____ DATE: _____ / _____ / _____
 (please use handwritten signature)