

Financial Aid Application

Please complete all sections of this application. DO NOT LEAVE BLANK SPACES. If a question does not apply to you, please answer "N/A". Incomplete applications will be returned for missing information.

Please indicate program for which you are applying.

- Accelerated Degree Program
- Organizational Leadership via satellite
- Masters Degree Program

Section I: Personal Information

Name _____ Social Security # _____
Last First Middle

Permanent Address _____
Number & Street City State Zip

Home Phone # (_____) _____ Work Phone # (_____) _____

Email Address _____

Male Female Birth Date ____/____/____ Single Married

Dependents: _____
name age name age
name age name age

Section II: Education Experience

Names of post-secondary institution(s) attended	Dates of Attendance		Degree/ Diploma
	Beginning Mo./Year	Ending Mo./Year	
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Section III: Other Information

1. Have you completed a Free Application for Federal Student Aid (FAFSA)? Yes No
(This must be completed and sent to the government for processing in order to qualify for any type of financial aid.)

Date Completed? _____

2. Are you currently in default on a student loan? Yes No

Section IV: Sources/Preferences

*It is your responsibility to inform the Financial Aid Office of ALL sources of financial aid you know you will be receiving. Please list all assistance that you will be receiving during the academic year. DO NOT LIST PELL GRANT.

Veterans Benefits (type)_____ Amount/month \$_____

Company Benefits/Reimbursement_____ Amount/semester \$_____
Company Name

What is your ethnic background?_____
(Response is voluntary and is solely for the purpose of possibly finding other sources of aid)

Additional information you feel should be considered in reviewing your application:_____

Financial Aid Conditions and Provisions

Important Notice: All awards are subject to reduction or cancellation based on funding level changes and verification at any time during the academic year. Should any changes in your award be necessary, you will be notified at the earliest possible date.

Certification and Authorization Statement

I understand that any private assistance granted to me over \$100 must be reported to the Financial Aid Office.

I understand that I must meet academic progress requirements as stated in the college catalog.

I understand my financial aid will be credited directly to my account each semester by Concordia College to cover my college debt (e.g., tuition, fees, etc.). Any credit balance after this has been done can be refunded to me or left in my account for a future semester. (Exception: If overpayment on your account is due to aid not yet received, then the balance will not be refunded until these funds are received.)

I authorize the Office of Financial Aid to discuss my application and financial situation with and provide necessary academic information to public or recognized private agencies which may also be considering me for financial aid.

I understand my financial aid may be adjusted if I withdraw or drop and refunds will be calculated according to Federal and State requirements. For more specific information contact the Office of Financial Aid.

I certify that the information submitted on this application and any accompanying documents is true to the best of my knowledge. I understand that falsification of information on my part may result in disciplinary action by the College, including dismissal from the College and/or cancellation of financial aid.

Signature of financial aid applicant

Date

Please return to:
Concordia College

4090 Geddes Road
Ann Arbor, MI 48105
Attention: Financial Aid
(734)995-7582