

FURMAN

Application for Scholarships and Financial Aid 2006-2007 Academic Year

Completion of this form is required in order to be considered for scholarships and other financial aid. For information or assistance, call the Office of Financial Aid at 864.294.2204.

Freshman: ☐ Early Decision ☐ Regular Decision
Transfer: ☐ Fall Term ☐ Winter term ☐ Spring term

Please consider me for ☐ Academic scholarships only (Some scholarships require separate applications. Please refer to "A Guide to Financing Your Education.")
☐ Academic scholarships and need-based financial assistance. You must complete a Free Application for Federal Student Aid (FAFSA). Completion of the FAFSA is required for the following: Federal Pell Grant, Federal Perkins Loan, Federal Supplemental Educational Opportunity Grant, Federal Work-Study, Federal Stafford Loan, South Carolina Tuition Grant and Furman need-based assistance. Early Decision applicants only: Complete the CSS Profile form and submit it by November 15, 2005.

Confidential PART I

Full name _____
Last First Middle Preferred

Home address _____
Number and Street City State ZIP

Date of birth _____ Birthplace _____ Religious preference (optional) _____

Required for all Financial Aid: Social Security number: ____ - ____ - ____

Home Phone number (____) _____ Cell phone (____) _____

Are you a U.S. citizen? ☐ Yes, I am a citizen ☐ No, I am not a citizen or an eligible non-citizen
☐ No, but I am an eligible non-citizen. Please provide your alien registration number: _____
Provide a copy of your Alien Registration Card (both front and back) to the Office of Financial Aid.

Name of high school _____

Transfer candidates only: College(s) attended _____

Intended major _____ E-mail address _____

Do you plan to be a ☐ Boarding student? ☐ Commuting student living with parents?

Parents' marital status ☐ Married ☐ Divorced ☐ Divorced and Remarried ☐ Separated ☐ Single ☐ Widowed

If you do not live with both parents, with whom do you live? _____

Mother's/Stepmother's name _____ Work phone (____) _____

Cell phone (____) _____

Mother's/Stepmother's Social Security number _____ List place of employment: _____

Father's/Stepfather's name _____ Work phone (____) _____

Cell phone (____) _____

Father's/Stepfather's Social Security number _____ List place of employment: _____

Parents' fax number _____ Parents' E-mail address _____

Early Decision candidates must complete the CSS Profile by **November 15** and the FAFSA as soon as possible after January 1, but no later than the priority deadline of **February 15**.

Regular Decision and Transfer candidates must complete the FAFSA as soon as possible after January 1 but no later than the priority deadline of **February 15**.

(SEE OTHER SIDE)

PART II

Use this space to explain special circumstances. (Use a separate sheet if necessary.)

PART III Student and one parent must sign:

TITLE IV FINANCIAL AID CREDIT BALANCE AUTHORIZATION

If my Title IV financial aid exceeds the charges for tuition, fees, room, and board, and other allowable charges as determined by the Department of Education, I authorize Furman University to retain a credit balance on my student account, unless I request a refund. I understand that this authorization will remain in effect for all subsequent award years I attend Furman until written notification of my intention to rescind this authorization is received by the Office of Financial Aid

Student's Signature

Date

Parent's Signature

Date

PART IV South Carolina state aid recipients only

By signing this document, I affirm that

As a South Carolina Tuition Grant and/or South Carolina HOPE, LIFE or Palmetto Fellows Scholarship recipient, I certify that I have not been convicted of any felonies. Further, I certify that I have not been convicted of an alcohol or drug related misdemeanor offense during the preceding calendar year defined as 12 months from the date of the start of school for the period of this award. If I am adjudicated, delinquent or am convicted or pled guilty or nolo contendere to any felonies or any alcohol or drug related misdemeanor offenses under the laws of this or any other state, I agree to notify the Office of Financial Aid by the start of school. I hereby give permission for the background check to be conducted to verify the above. I understand additional information may be requested after the background check has been conducted.

Any false information provided by the student or any attempt to expend any scholarship funds for unlawful purposes or any purpose other than in payment or reimbursement for the cost of attendance at the institution authorized to award the scholarship and/or grant will be cause for immediate cancellation. Any student who has obtained a scholarship through means or a willfully false statement or failure to reveal any material fact, condition, or circumstances affecting eligibility will be subject to applicable civil or criminal penalties, including retroactive loss of the scholarship and/or grant.

I also affirm that I am presently not in default on any Federal or State student loans nor do I owe any refunds to any Federal or State financial aid programs.

For purposes of determining my LIFE Scholarship grade point average (GPA), I certify that I have submitted previous and current official transcript(s) for all South Carolina institutions I have ever attended. I also affirm that if I take courses after signing this document, I will submit any additional transcripts to my home institution. I understand that this information will be used to determine my LIFE Scholarship GPA only and will not be used for my institutional academic standing or for graduation purposes.

Student's Signature

Date