



of Columbus scholarship, support from relatives, etc.):

Type	Amount
	\$ _____
	\$ _____
	\$ _____

14. Previous college education?  Yes  No If yes, list previous college(s) below:

COLLEGE OR UNIVERSITY	CITY & STATE	DATES ATTENDED (mo/yr)	DEGREE(S) EARNED
_____	_____	From ____/____ To ____/____	_____
_____	_____	From ____/____ To ____/____	_____
_____	_____	From ____/____ To ____/____	_____

16. I am interested in being considered for the following types of Financial Aid:

Federal Direct Loan (**Note: requires that you complete a Master promissory Note at [www.studentloans.gov](http://www.studentloans.gov)**)

Please indicate the total amount of Direct Loan you would like to borrow during the 2010-2011 academic year \$ \_\_\_\_\_

Federal Supplemental Educational Opportunity Grant (undergraduate students only)

**All students wishing to be considered for need based assistance must complete a Free Application for Federal Student Aid (FAFSA) or a Renewal FAFSA**

You may file the FAFSA on the Web at [www.fafsa.ed.gov](http://www.fafsa.ed.gov). The Title IV school code for St. Charles Seminary is 016229. You will need a Personal Identification Number (PIN) to sign your FAFSA. The PIN can be obtained at [www.pin.ed.gov](http://www.pin.ed.gov)

**CASH MANAGEMENT STATEMENT**

If the total amount of your federal aid is greater than your tuition, room and board, you can authorize St. Charles Borromeo Seminary to use your financial aid credit balance to pay your other charges (room key deposit, etc.). You may rescind this authorization at any time prior to incurring any miscellaneous charges. You may NOT rescind this authorization once any such charges have been made.

**You must indicate your choice below in order to comply with federal regulations:**

If I have financial aid in excess of tuition, room and board:

I authorize St. Charles Borromeo Seminary to use my financial aid credit balance to pay miscellaneous charges on my tuition account

**OR**

I do not authorize St. Charles Borromeo Seminary to use my financial aid credit balance to pay miscellaneous charges on my tuition account. I understand that I will be responsible for remitting payment to these charges directly to the Financial Services Office.

**CERTIFICATION OF APPLICANT**

I hereby certify that:

1. I am a 9 full-time 9 part-time student in good standing as defined by the Office of the Registrar.
2. I will report immediately to the Financial Aid Office any change in the information on this application, as well as any financial aid that I may receive through agencies or organizations other than Saint Charles Borromeo Seminary.
3. I understand that the Seminary reserves the right to adjust its financial aid award to me in accordance with my financial need as reflected in the needs analysis report of the Free Application for Federal Student Aid (FAFSA).
4. All information submitted on financial aid forms is true, correct, complete and verifiable. The Seminary reserves the right to resolve discrepancies and to make adjustments as necessary and required.
5. If I am awarded financial aid, I will comply with all regulations pertaining to my award.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date Signed