

SAINT CHARLES BORROMEIO SEMINARY, OVERBROOK

100 EAST WYNNEWOOD ROAD
WYNNEWOOD, PENNSYLVANIA 19096
Telephone (610) 785-6582

Application for Financial Assistance

ACADEMIC YEAR 2017/2018

Once completed and signed, return this application to the Seminary Financial Aid Office.

EVERY applicable item MUST be completed.

Please TYPE or PRINT in INK.

I wish to apply for financial assistance for the 2017/2018 academic year.

1. Name _____ 2. _____
(Last) (First) (Middle) Social Security Number

3. Permanent Address _____
(Street) (Apt. No.)

_____ 4. Telephone () _____
(City) (State) (Zip) (area code)

E-Mail Address: _____

5. Sponsor: Diocese/Religious Order: _____

6. Applicant's Date of Birth: _____

7. Citizenship: ___ U.S. ___ Permanent Resident No. _____ ___ Other/Visa No. _____

8. My place of residence during the 2017/2018 academic year:

___ Campus Dormitory ___ Other

9. Academic Grade Level for 2017/2018 ___ Freshman ___ Sophomore ___ Junior ___ Senior
___ Pre-Theology ___ 1st Theology ___ 2nd Theology
___ 3rd Theology ___ 4th Theology ___ Graduate School of Theology

10. Number of Credits to be Attempted: _____ FALL _____ SPRING _____ SUMMER

11. Do you qualify for Veterans Benefits? ___ Yes ___ No

If Yes \$ _____ per month for _____ months.

12. Are you receiving Social Security Benefits? ___ Yes ___ No

If Yes \$ _____ per month (Personal) \$ _____ per month (Parent/Guardian)

13. Please indicate any other assistance you expect to receive during the 2017/2018 academic year. (Example: Knights 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 first time recipients to complete a Master Promissory Note online at www.StudentLoans.gov**)

Please indicate the total amount of Direct Loan you would like to borrow during the 2017/2018 academic year:
\$ _____

Federal Supplemental Educational Opportunity Grant. (Undergraduate Students only)

All students wishing to be considered for need based assistance must complete a 2017/2018 Free Application for Federal Student Aid (FAFSA)

You may file the FAFSA on the Web at www.FAFSA.gov. The Title IV school code for St. Charles Seminary is 016229. You will need a User Name and password to sign your FAFSA.

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 full-time 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

This form is also available at www.scs.edu