

2009-2010 Financial Aid Application



Return to
Financial Aid Office
Saint Augustine's College
1315 Oakwood Avenue
Raleigh, NC 27610-2298
(919) 516-4131

March 15: Priority Deadline

Please type or print with black ink

Student Status (check one)

- Entering (First Time Freshman)
- Returning Student
- Transfer Student
- Returning to be Re-admitted

I Will Reside

- On Campus
- Off Campus
- With Parents

Aid Request (check one)

- Fall & Spring Semester
- Fall Semester Only
- Spring Semester Only

Personal Information

Last Name First Name Middle Name

Permanent Street Address / City / State / Zip Code

Area Code & Telephone Number Birth Date Driver's License Number

Cell Phone Number E-mail Address

Age Sex Marital Status

- Citizen of the U.S.
- Permanent U.S. Resident

Anticipated graduation date from Saint Augustine's College List major or intended major at Saint Augustine's College's

Intended Enrollment Level (check one)

- Full-time [12+ hours]
- ¾ time [9-11 hours]
- ½ time [6-8 hours]
- Less than 6 hours

Employer Information

Employer Name Employer Phone

Employer Name Employer Phone

Educational Information

Name of High School Attended City & State _____ to _____
Years Attended

List below every college, university, technical or vocational school attended during or after high school. You should also list institutional attended during the summer term(s).

Name of Institution	City & State	From/To	Did you graduate?	
_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Additional Information (These sections must be completed in full.)

Father, Stepfather or Guardian	Mother, Stepmother or Guardian	Spouse
Name	Name	Name
Employer	Employer	Employer
Employer Telephone	Employer Telephone	Employer Telephone
Social Security Number	Social Security Number	Social Security Number

Please list three references that have different addresses.

Name	Name	Name
Telephone	Telephone	Telephone
Street Address	Street Address	Street Address
City/State/Zip	City/State/Zip	City/State/Zip

Certification Statement

(All applicants must complete this section)

I certify that I do not owe a refund on any grant or loan. I am not in default on any loan and/or have made satisfactory arrangements to repay any defaulted loan. I have not borrowed in excess of the loan limits, under the Title IV programs, at any institution.

I certify that I am registered for Selective Service.

I certify that I am not required to be registered with Selective Service because: (check one)

I am a female.

I am in the armed service on active duty. (This does not apply to members of the Reserves and National Guard who are not on active duty.)

I have not reached my 18th birthday.

I was born before 1960.

I am a resident of the Federated States of Micronesia, or Marshall Islands or a permanent resident of the Trust Territory of the Pacific Island (Palau).

I certify that, to the best of my knowledge, the information contained in the statement above and on this application is accurate and complete.

Student Signature _____

Date _____