

Financial Aid Application Institutional Application

_____ Indicate Academic Year



**SAINT AUGUSTINE'S
UNIVERSITY**
Transform. Excel. Lead.

RETURN TO:
FINANCIAL AID OFFICE
SAINT AUGUSTINE'S UNIVERSITY
1315 OAKWOOD AVENUE
RALEIGH, NC 27610-2298
(919) 516-4131

Please type or print with black or blue ink.

Student Status (check one)

- _____ Entering (First Freshman)
 _____ Returning Student
 _____ Transfer Student
 _____ Returning to be Re-Admitted

I will Reside (check one)

- _____ 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 Address

_____ City/State/Zip code

_____ Area Code & Telephone Number _____ Birth Date _____ Driver's license Number

_____ Cell phone Number _____ Email Address

_____ Age _____ Sex _____ Marital Status

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

_____ Anticipated Graduation Date _____ Major/Intended Major

Intended Enrollment Level (check one)

_____ Full-Time _____ ¾ time _____ ½ Time _____ Less than 6 Hrs.

Employer Information:

Employment Name

Employer Phone

Education Information

_____ Name of High School _____ City & State _____ Years Attended (Start Date to Graduation Date)

List below every College, University, Technical or Vocational School attended during or after High School. You should also list institution(s) attended during the summer term(s).

Name of Institution	City & State	Years Attended	Did you graduate?
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

Additional Information: THESE SECTIONS MUST BE COMPLETED IN FULL

Father/Stepfather/ Guardian

Mother/Stepmother/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 code	City/State/Zip code	City/State/Zip code

Certification Statement

(All applicants must complete this section)

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

_____ I certify that I am registered for Selective Services

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 services on active duty (this does not apply to members of the reserves and National guard who are not 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: _____

FINANCIAL AID USE ONLY

General Information

Student Name _____

Hrs. Successfully Completed _____ GPA _____

Projected Enrollment Status

_____ Full-Time

_____ 3/4-Time

_____ 1/2-Time

_____ Less than 1/2-Time

Classification

_____ 0-29 1st Yr.

_____ 30-59 2nd Yr.

_____ 60-89 3rd Yr.

_____ 90+ 4th-5th Yr.

Loan Limits

3,500

4,500

5,500

5,500

Financial Aid Status

_____ Probation

_____ Suspension

_____ Appeal Approved

_____ Appeal Denied

Academic Year Budget

		Number of Hours _____
Cost of Attendance	_____	Cost of Attendance _____
Loan Fee	+ _____	Loan Fee + _____
Expected Family Contribution	_____	Expected Family Contribution _____
Resource	_____	Resource _____
Resource	_____	Resource _____
Resource	_____	Resource _____
Financial Need	= _____	Financial Need = _____

Financial Assistance Type	Fall	Spring	Summer	TOTAL
Federal Pell Grant: Actual _____ Estimated _____				
Federal Work Study				
NC Need Base Scholarship				
Other Donated Scholarship				
Institutional Scholarship				
Scholarship 2				
Scholarship 3				
Federal Supplemental Educational Opportunity Grant				
Federal Direct Plus Loan				
Federal Direct Subsidized Loan Program				
Federal Direct Unsubsidized Loan				
Other				
Totals				

Financial Aid Personnel _____

Date _____