

CONCORDIA UNIVERSITY

WISCONSIN & ANN ARBOR

2024-2025 Concordia Institutional Aid Form

Students should complete this form who are not intending to file the FAFSA (Free Application for Federal Student Aid) or who are ineligible to file. This application will allow the Financial Aid office to award institutional funds only.

Statement of Understanding

I will report to the Financial Aid Office any additional financial aid received and any changes in my financial or marital status. I authorize the Financial Aid Office to discuss my application and my financial situation with, and provide necessary academic information to, public or recognized private agencies which may also be considering me for financial aid. I am aware that the payment of financial aid or continued employment depends upon my maintaining satisfactory academic progress, being enrolled full time student during the academic year, and remaining an eligible student. I am responsible for repaying any funds that I receive which cannot reasonably be attributed to meeting my educational expenses related to Concordia. I further understand that the amount of any repayment is based on federal regulations.

What to do:

Complete steps 1-4 and sign the Institutional Aid Form. Make sure to read and answer all questions as errors can delay the processing of your financial aid.

1. Student Information

Name: _____ Student ID Number: F00 _____
Address: _____ Date of Birth: _____ / _____ / _____
City, State, Zip: _____ Phone Number: _____
Email: _____ Parent Email Address: _____

2. General Information

Are you a United States Citizen?

Yes _____ / _____ - _____ - _____
(Social Security Number)

No, I am from _____
(Country)

Are you planning on filing the FAFSA?

Yes _____ No _____ No, I am ineligible _____

3. Enrollment Intentions (check one)

While enrolled, I intend to live:*

With Parents _____ On Campus _____ Off Campus _____

My grade level will be:

Freshman _____ Sophomore _____ Junior _____ Senior _____

Period I will use the aid:

Fall 2024 _____ Spring 2025 _____ Summer 2025 _____

I will enroll full time (12 credits) for each semester.

Yes _____ No – if no, how many? _____

4. Certification

***I understand that the Financial Aid Office will verify my housing status during the second week of school. If there is a discrepancy between the information on this application and my actual housing status, appropriate adjustments will be made to my Financial Aid funding. (TYPED SIGNATURES WILL NOT BE ACCEPTED – WET SIGNATURES OR DIGITAL ONLY. YOU MAY USE ADOBE OR KOFAX AS THESE SIGNATURES WILL SHOW DATE AND TIME STAMP)**

By signing this application, I certify that all the information reported to qualify for student aid is complete and correct.

Student's Signature: _____

Date: _____