

**CUW APPLICATION FOR NON NEED FINANCIAL ASSISTANCE – 0708**

**•CONFIDENTIAL•**

Your Last Name                      First Name                      Middle Initial			Will you be completing/completed a FAFSA for 0708 ____ yes ____ no		Your gender is: ____ Male    ____ Female								
Birthdate		Permanent Home Address		Concordia Student ID Number F _____		Are you an American Citizen? ____ yes    ____ no							
Telephone		City/State/Zip		Your marital status		The ages of your dependents							
While in school you intend to live: ____ with parents    ____ on campus    ____ off-campus			Email Address: Student: Parent:			You're a member of: ____ Lutheran Church- Missouri Synod ____ other Lutheran denomination ____ not Lutheran							
You normally live with: (check all that apply) ____ father    ____ stepfather    ____ maintain own residence ____ mother    ____ stepmother    ____ guardians				Your ethnic background is: ____ African-American ____ White, Anglo, Caucasian ____ Other (please specify)		What is your program of study or professional intent? ____ I intend to seek employment within LCMS ____ Pre Sem ____ Education ____ Lay Ministry							
Period when you will use aid: (Check all that apply) Fall 07    ____    Winterim 08    ____ Spring 08    ____    Summer 08    ____		Your grade level will be: ____ Freshman    ____ Junior ____ Sophomore    ____ Senior ____ Graduate		Will you enroll in at least twelve (12) credits (full-time) for each semester? ____ Yes ____ no – if no, how many? _____									
Anticipated Graduation Date: _____		Check all resources you will receive: ____ Employer Tuition Reimbursement – per month \$ _____ ____ VA/GI Benefits – per month \$ _____				Indicate graduate program (check one) ____ MOT ____ DPT ____ Distance Learning ____ MBA ____ MS Education ____ Other _____							
If you are applying for a CAMPUS JOB, number the areas of interest to You as 1, 2, etc. in order of preference. ____ food service    ____ bookstore    ____ library ____ custodial    ____ clerical    ____ other: _____			GRADUATE STUDENTS ONLY Name of employer _____ Work phone # _____										
Did either of your parents receive a degree from any college or university? ____ yes    ____ no			Are you the child or spouse of a Concordia University Wisconsin full-time employee? ____ no    ____ yes (complete a tuition waiver form)										
List <b>all</b> colleges you've attended		Address		City		State		From		To		Degree	

List the sources from which scholarships have been requested: (other than state, federal or Concordia)

Source	Amount applied for (if any)	Amount to be received (if known)
1) _____	_____	_____
2) _____	_____	_____

Describe below any other pertinent information concerning you or your family's earning, financial assets or obligations that would influence the determination of your financial need.

\_\_\_\_\_

**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 as at least a half-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.
- I authorize Concordia to retain in my account any financial assistance which exceeds institutional charges. I understand this aid may be withdrawn by me at my request or may be used towards past, future, or other current charges. Decline: \_\_\_\_\_

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of financial aid applicant